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**SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS – LOBBYING,
CONTESTATIONS AND COMPROMISES**

An analysis of the challenges to an agreed language at
the UN

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ABSTRACT

Lynda Gilby: Sexual and Reproductive Health and Rights – Lobbying, Contestations, and Compromises. An analysis of the challenge to an agreed language at the UN

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International agreements dating back to the landmark International Conference on Population and Development (ICPD) Programme of Action in 1994, and the Beijing Declaration Platform for Action, 1995, have recognized the right to sexual and reproductive health and reproductive rights (SRHR), enabling women to make their own decisions over their bodies. These agreements committed states to provide universal access to sexual and reproductive health (SRH) services, including information and education, access to modern contraceptives, and safe abortion where legal.

However, changes in the international political environment are demonstrating challenges in the protection of this agreed language on SRHR at the UN, having an impact on women's access to SRH services globally. The broadening of the Mexico City Policy attempting to censor the language on SRHR, both domestically and internationally, as well as systematic lobbying of governments at the UN by conservative groups, is having a direct impact on the current global SRHR agenda setting.

The aim of this study was to determine whether the efforts of the conservative opposition who seek to roll back the language on SRHR has been replicated in the UN outcome documents and resolutions between 2014 and 2019, before and after the latest reimplementation of the Mexico City Policy.

This study presents the first empirical research on the disappearance of the language over time on the basis of a document review. The Health Policy Framework by Walt and Gilson (1994) allowed for an overview of the context in which the lobbying is taking place, map who the actors are that oppose SRHR, describe the process, and analyze the content of the documents. The results demonstrated a disappearance of the language on abortion in the CSW outcome documents, and a changing of the language on comprehensive sexuality education in the CSW and UN resolutions, which saw the removal of sexuality and placed an increased emphasis on the role of families. Furthermore, there was an inability of some states to accept sexual and reproductive health at all.

This study has shown that the original agreed language from the ICPD and Beijing commitments are not safe from relentless opposition, and suggests that, going forward, funding for SRHR may need to look at more sustainable sources which are not subject to the international political environment.

Key words: sexual and reproductive health, reproductive rights, abortion, comprehensive sexuality education

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“To all the little girls [...] never doubt that you are valuable, powerful, and deserving of every opportunity in the world and every chance to pursue your own dream.” Hillary Clinton, 2016

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ACRONYMS

CELAC	Community of Latin American and Caribbean States
CESCR	Committee on Economic, Social and Cultural Rights
C-Fam	Center for Family and Human Rights
CPD	Commission on Population and Development
CSE	Comprehensive Sexuality Education
CSW	Commission on the Status of Women
EU	European Union
GA	United Nations General Assembly
GBV	Gender-Based Violence
GWHRM	Global Women's Health and Rights Movement
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population Development
IPPF	International Planned Parenthood Federation
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersectional
MDG's	Millennium Development Goals
NGO	Non-Governmental Organization
PoA	Programme of Action
SDG's	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nations Population Fund
UNSCR	United Nations Security Council Resolution
US	United States/ United States of America
WHO	World Health Organization

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“State Politicians are key policy makers, but are influenced by international actors [...] In particular, foreign donors have a clear influence on health policy in many countries.” (Gill Walt, 1994, p.5)

1 INTRODUCTION

Sexual and reproductive health (SRH) is strongly linked to gender equality and the empowerment of women by allowing women to make their own choices over their bodies and whether they wish to start a family, free from violence or coercion (Carroll & Perolini, 2007).

Women and girls who have the freedom to decide over matters relating to their sexual and reproductive health and rights (SRHR) have greater health and education outcomes and are more likely to be involved in the labor market and the political decision-making process (Horton & Zuccala, 2018). This is due to the fact that policies on SRHR include the right to information on adolescent sexual and reproductive health and rights through comprehensive sexuality education, which helps to lower the rates of teen pregnancy, exposure to gender-based violence (GBV), and rates of STI and HIV transmission, meaning girls remain in school for longer (Joachim, 2007). Access to SRH services furthermore lowers rates of maternal mortality and morbidity (Espey, E., Dennis, A., & Landy, U. 2019). This in turn enhances the health and wellbeing of their families, communities, and is recognized by the UN as being crucial to sustainable development and reaching gender equality (UNGA, 2015).

International commitments and treaties have recognized sexual and reproductive health and rights (SRHR) as human rights and have encouraged and supported governments into implementing national policies to create universal access to SRH services (Nowicka, 2011). The language in global policies on SRHR can be used to support policies at the national level by providing the framework for policies, as well as providing a strong evidence-base for advocates of SRHR to engage with policy-makers (Miller, A.M., Kismödi, E., Cottingham, J., & Gruskin, S. 2015).

However, what exactly constitutes SRHR, such as the right to abortion, differs between countries (Thanenthiran, 2014). This leads to SRHR being strongly contested in international arenas, resulting in continuing debates over the language relating to SRHR in UN resolutions as nations struggle to reach an agreement, and the negotiations being subject to lobbying from Non-Governmental Organizations (NGO's) (Pizzarossa, 2018).

The UN coordinated International Conference on Population and Development in Cairo (ICPD), 1994, was instrumental in establishing the Programme of Action (PoA) which provided a clearer international framework for what sexual and reproductive health is, as well as the recognition of reproductive rights, and outlined states obligations to providing unhindered access to SRHR (Pizzarossa, 2018). This was followed by the 1995 Fourth World Conference on Women in Beijing which produced the Beijing Declaration Platform for Action and reconfirmed these commitments (Carroll & Perolini, 2007).

However, after the 20-year PoA follow up in 2014, we have still not been able to reach universal access to SRH services and there continues to be stalling points from some governments around aspects such as abortion rights, access to modern contraceptives and the provision of comprehensive sexuality education, hindering the progress of fully implementing the ICPD PoA (Thanenthiran, 2014). These aspects have led to a disagreement in the language of SRH in policy and what exactly constitutes SRH, creating challenges for internationally agreed policy on SRH.

With the United Nations Population Fund (UNFPA) being the lead UN organization on sexual and reproductive health, the current Strategic Plan for the years 2018-2021 highlights a need for a stronger collaboration and coordination within the UN system (UNFPA, 2017). However, to date, there has not been a prior academic analysis of the changing language on the basis of a review of the UN documents. This thesis will therefore look at what the most contested aspects of SRHR are, the difference in the language in the UN resolutions, and what changes there have been and why they are occurring. This will be undertaken as a qualitative research study on the basis of a review of the literature and a document analysis, supported by key informant interviews.

The historical and institutional background of SRHR policies will be presented next in Chapter 2, from the initial ICPD in 1994, and the Beijing Declaration and Platform for Action in 1995 as these were the first comprehensive international commitments aiming to protect and promote SRHR, and this language has formed the foundation of proceeding SRHR policies and has been subject to international follow up reviews. This will initiate the broader theoretical framework by discussing what the international commitments to SRHR are under international efforts for achieve gender equality for the UN Sustainable Development Goals for the agenda 2030. The review of the literature will go further to analyze the SRHR agenda setting and identify what the key issues

are and what the opposition has been, which will contribute to the mapping of who the actors are that oppose SRHR.

The aims and research questions will outline how this research intends to look at the opposition efforts to restrict the language on SRHR, and whether we are seeing a rolling back of the original commitments to SRHR in the 1994 ICPD and 1995 Platform for Action.

In Section 6, the methods will outline the Health Policy Framework used for this study and explain which documents were analyzed, the analytical framework used for the document review, and how the participants were selected for the key informant interviews in order to explain the process at the negotiations and the findings of the results.

The results will be displayed in Section 8, finalizing the framework by providing the content of the policies containing the language analyzed in accordance with the contested areas set out in the review of the literature. By analyzing the latest documents, this study aims to therefore fill a gap in the literature on what the latest changes are in the documents and how this affects the current SRHR agenda setting.

The Annexes include the full sections in which the results were indexed and charted from, providing further information.

2 HISTORICAL AND INSTITUTIONAL BACKGROUND

As outlined by Walt (1994, p. 45), one of the most widely used policy making frameworks is described in the following 4 steps:

- Issue Identification - Agenda setting
- Policy Formulation
- Policy Implementation
- Policy evaluation

This chapter will explore the historical and institutional context in which SRHR policies are created at the UN, and the evaluation bodies used to monitor their implementation, and define the concepts.

International population policies from the 1960's mainly had a focus on population control, where women's reproduction was discussed in terms of population targets, mainly targeted at women's fertility, rather than individual autonomy (Pizzarossa, 2018). This led women's health activists to embark on a global advocacy movement towards more "women-centered population policies", and the recognition of reproductive rights (Joachim, 2007).

The second International Conference on Population in 1984 has had a great impact on SRHR, as this was where the United States and the Holy See aligned to declare their hardline stance opposing abortion (Pizzarossa, 2018). After decades of coercive population control policies, particularly placed on developing countries, Eager (2004) explained how domestic arguments around abortion under an increasing pro-life movement saw Republican Administrations consider reproductive rights as signaling abortion. It was here in 1984 that US President Ronald Reagan announced the Mexico City Policy, also known as the Global Gag Rule, which stated that US federal funding was not to be used to promote abortion as a method of family planning (Brooks, Bendavid & Miller, 2019). With the US being the largest donor for Global Health Assistance, these restrictions have had far reaching consequences for women's access to SRH services and have had a strong impact on the agenda setting at the UN on SRHR (Crane, 2005).

It was in 1994 where the UN coordinated the first International Conference on Population and Development, attended by governments and NGO's, and the 20-year Programme of Action (PoA) was established, which formally recognized the right to sexual and reproductive health free from coercion, discrimination and violence (UN International Conference on Population Development, 1994). The ICPD, as well as recognizing the right to reproductive health, further stated that reproductive health care should be available in the primary health-care system. It also outlined the right of adolescents to reproductive health education, and the right of women to safe abortion where legal. (UN International Conference on Population Development, 1994). It was at this conference that 197 governments adopted the PoA, which provided a framework for SRHR to be included in national health policies (Hadi, 2017), as well as states obligation to uphold these rights (Nowicka, 2011).

ICPD Programme of Action 1994

- **Sexual and Reproductive Health and Rights.** “Includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family planning counselling, information, education, communication and services; abortion as specified in paragraph 8.25.”
- **Adolescents.** “Protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.”
- **Abortion.** “In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions.”

Sourced from the ICPD Programme of Action 1994 chapters 7 and 8. See Annex 1.

However, a study of 195 countries showed that only 27 have adopted SRH into their constitutions, and 7 implemented restrictions (Pizzarossa & Perehudoff, 2017). Despite the adoption of the PoA, the conference was subject to lobbying by conservative groups, the formation of ‘unholy alliances’, and eventually compromises (Eager, 2004). Before the conference took place, representatives from the Holy See (which holds permanent observer status at the UN) met with the World Muslim League and other Islamic groups to formulate a

strategy to counter the language on SRHR and implement more conservative language with a focus on traditional family values. Referred to in the literature as ‘unholy alliances’ (Yamin, 2013; Pizzarossa, 2018; Eager, 2004), these alliances have been seen at future negotiations related to SRHR and gender equality among conservative groups, with the US aligning when there is a Republican Administration. (Pizzarossa, 2018). As such, in this study, conservative groups are referred to as those who oppose SRHR in line with the ICPD and Beijing commitments.

The Fourth World Conference on Women in 1995 produced the Beijing Declaration Platform for Action, which further broadened commitments to women’s empowerment by stating that “equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences” (Beijing Declaration Platform for Action, 1995, p. 58). The conference was also met with opposition from conservative groups by submitting statements on sections of the declaration that they did not confer with, which mainly pertained to individual rights outside marriage (Pizzarossa, 2018).

Beijing Declaration Platform for Action 1995

- **Sexual and Reproductive Health Care.** “Provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care, as agreed to in the Programme of Action of the International Conference on Population and Development.”
- **Adolescents.** “Recognize the specific needs of adolescents and implement specific appropriate programmes, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the responsibilities, rights and duties of parents.”
- **Abortion.** “In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions, consider reviewing laws containing punitive measures against women who have undergone illegal abortions.”

Sourced from the Beijing Declaration Platform for Action 1995 Section C. See Annex 2.

Since the Cairo and Beijing conferences, these documents are considered as ‘qualifying language’ in future UN resolutions pertaining to SRHR (Pizzarossa, 2018). The ICPD and Beijing documents both outline sexual and reproductive health and reproductive rights in the following definitions:

Sexual and Reproductive Health and Reproductive Rights

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.”

“Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.”

Sourced from the International Conference on Population Development, 1994, Chapter 7, and the Beijing Declaration Platform for Action, 1995, Section C. See Annexes 1 and 2

Despite the international commitments and treaties on SRHR, from the ICPD, to the Beijing Declaration, there are still great challenges and barriers for states to fully recognize, enshrine into national law, and provide universal access to SRH services (Yamin & Bergallo, 2017). Although the Beijing declaration went further than the Cairo declaration to advance women’s interests, with respect for autonomy, integrity and consent, both documents lack mechanisms for holding governments legally accountable (Nowicka, 2011). International human rights law and national laws have such mechanisms, but these have yet to be applied to reproductive health and rights (Pizzarossa & Perehudoff, 2017).

Under the UN Economic and Social Council resolution 1995/55, the Commission on Population and Development (CPD) was established to monitor the implementation of the ICPD. Furthermore, the UN Economic and Social Council resolution 1996/6 expanded the mandate of the Commission on the Status of Women (CSW) to monitor the implementation of the Beijing Declaration Platform for Action. (UN Economic and Social Council, 1996).

The 2000 UN Millennium Development Goals (MDG's) were a set of 8 international development goals to be reached by 2015, where Goal 5 focused on improving maternal health, and years later reproductive health, yet according to Pizzarossa (2018), these did not recognize rights, or sexual health. This marked a setback in the SRHR agenda by not adhering to commitments made in the ICPD and Beijing Declaration. Not only did the MDG's avoid sensitive issues, such as abortion, but they lacked any mention of SRHR at all (Hadi, 2017). Furthermore, the MDG 5, Improve Maternal Health, initially did not include any targets on access to family planning and contraception which is a crucial element of sexual and reproductive health, and was not added until 2007 (Hadi, 2017). Pizzarossa (2018) explained that this was due to a large conservative opposition which attempted to limit language on SRHR to maternal health. This opposition, which blocked the term reproductive health in favor of maternal health, was carried out by what Yamin (2013) described as an unholy alliance of the Holy See, G77, evangelical Christian groups in the US, and conservative Islamic countries aligning to keep SRHR out of the MDG's.

2014 marked a 20 year follow up of commitments to the SRHR agenda from the ICPD PoA 1994. Thanenthiran (2014) explained that the 'ICPD beyond 2014' conference found that there were multiple obstacles to the fulfillment of these commitments, from the implementation of the Mexico City Policy, the MDG's being deficient of SRHR, to a lack of political commitment and funding.

The United Nations post 2015 development agenda has been seen as another opportunity to assess ongoing gaps in access to SRHR following the MDG's, the 1994 ICPD, and the 1995 Beijing Declaration (Germain, Sen, Garcia-Moreno, & Shankar, 2015). According to Nowicka (2011) the SRHR agenda was set to further broaden the recognition of women's health and reproductive rights as human rights and outlined global obligations to upholding these rights. This led to the establishment of the UN Sustainable Development Goals (SDG's) for the agenda 2030 which has set specific targets recognizing SRHR. Sustainable Development Goal 5: Gender Equality target

5.6 aims to “ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences” (UNGA, 2015, p. 18). Unlike with the MDG’s which did not include SRHR, SDG 3, Good Health and Well-Being, target 3.7 further reiterates “ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes” (UNGA, 2015, p. 16). However, by specifically separating sexual and reproductive health and reproductive rights, this demonstrates that sexual rights have still not been agreed to.

In the next chapter, a review of the literature will look at what research has been done on the SRHR agenda setting and uncover what the most contended issues are.

3 REVIEW OF THE LITERATURE

This chapter will attempt to identify what the challenges are to an agreed language on SRHR by presenting a review of the literature on the global agenda setting on SRHR. The review will include what the opposition to SRHR is, what the contested areas are, how the Mexico City Policy has influenced the agenda, and how lobbying tactics are deployed to influence the UN negotiations. This will add to the broader theoretical framework for the study, which looks at the changing UN policy making environment in the context of attempts to roll back the language on SRHR from the ICPD and Beijing declarations.

3.1 The Global SRHR Agenda Setting

In order to understand the current agenda setting on SRHR, it is necessary to understand the background which led to the formation of policies on SRHR. The women's health movement can be traced in the literature back to the establishment of the UN in the 1940's, with efforts to improve maternal and child health. But with population targets and coercive population control set out in policies documented from the 1960's, women's advocacy movements started to demand a social change towards advancing the status of women. (Pizzarossa, 2018). This movement gained strength after the establishment of the initial implementation of the Mexico City Policy in 1984, where funding for reproductive health programmes was cut from US foreign assistance (Kumar, Birn & McDonough, 2016). This led to the fight for the recognition of reproductive rights in the 1990's, which happened during what has been referred to in the literature by Joachim (2007) and Eager (2004) as the 'UN Decade for Women'. Transnational collaboration and advocacy of the global women's health and rights movement (GWHRM), largely contributed to recognitions gained in Cairo, which were fought under intense opposition from the Holy See and other conservative groups (Eager, 2004). Therefore, advocacy and lobbying efforts by NGO's at the UN has been documented in academic research as playing a substantial role in influencing the agenda setting and resolution debates (Joachim, 2007). The agenda setting on SRHR at the UN level is discussed by Joachim as the ability of a variety of actors, from NGO's, religious groups, and governments, to influence the importance of different aspects of SRHR policies in the negotiations.

Side events at the UN were shown to have provided an opportunity for lobbying activities by both pro-choice and pro-life groups alike (Chamberlain, 2006; Joachim, 2007; Eager, 2004). Framing, political opportunity structures and mobilizing structures are part of a framework devised by Joachim where she demonstrated the tactics employed by NGO's at the UN to influence the negotiations.

These tactics were revealed in research from Norad (2013) and Chamberlain (2006), which showed how anti-choice groups seek to influence the agenda by forming NGO's and gaining consultative status, as well as having conservative governments appoint delegates to promote their views, thereby lobbying foreign delegations to restrict the language on SRHR. Chamberlain (2006) discovered that conservative NGO's which possess consultative status at the UN, form coalitions to promote their anti-abortion, anti-contraception, and abstinence only education agenda. They attempt to use existing human rights instruments in their framing to protect their view of the right to life of the unborn, family rights, and opposition to LGBTQI+ and gender equality (Chamberlain, 2006). The presence of these groups at the UN allow them to actively promote their agenda and provide access for continued lobbying at the global level, and through these lobbying efforts are able to train delegates on how to counter SRHR language.

The literature details that the majority of these lobbying efforts come from the US Christian Right (Chamberlain, 2006; Eager, 2004; Crane, 2005; Franklin & Ginsberg, 2019). Eager (2004) demonstrated that C-FAM, the Center for Family and Human Rights, declared their mission to remove the ICPD language, particularly on reproductive rights, from future UN resolutions. These groups frame family values as a state, instead of a religious moral issue, by attempting to use human rights instruments to protect the right and protection of the family and see LGBTQI+ and feminism as a threat to the family (Norad. 2013).

According to Franklin and Ginsberg (2019) state and non-state actors form alliances at the UN to undermine SRHR under the guise of religion, cultural values, and national sovereignty. These alliances across religions attempting to limit SRHR at the UN, from the Holy See, Arab States Group, the Russian Orthodox Church, and Evangelical Christians form over common traditional values (Norad, 2013). These traditional values are referred to in the literature as relating to family values, which see the exercising of individual rights, particularly sexual and reproductive rights, as a threat to the family (Franklin & Ginsberg, 2019; Eager, 2004; Norad, 2013; Pizzarossa, 2018;

Lemon, 2018). The Holy See, which is the governing body of the Catholic Church, holds permanent observer status at the UN (Pizzarossa, 2018). As one of the largest opponents of SRHR, their strategies to counter SRHR language have involved forming these alliances to promote family-values (Norad, 2013). The Holy See entered general reservations in the ICPD PoA on the entirety of chapters 7, Reproductive Rights and Reproductive Health, and 8, Health, Morbidity and Mortality (Eager, 2004). Pizzarossa (2018) found that the Holy See finds allies in Muslim and Catholic countries, and with Evangelical Christian groups in the US which have links to the Republican party. Before the 1994 Cairo conference, the then Pope requested a meeting with President Clinton and urged him not to support policies which would undermine life and family values (Eager, 2004). Yamin (2019) explained how this has led to the G77 group, made up of mostly developing countries, displaying a tendency to align with SRHR policies only when there is a focus on development language, rather than rights-based language. This has meant, as reinforced by Nowicka (2011), that despite the agreed language in the ICPD and Beijing commitments, the outcome documents between the annual CSW and the CPD sessions are unable to demonstrate an agreed language on SRHR.

3.2 The Contested Areas of SRHR Policy

By identifying the contested areas of SRHR, we can uncover what the ongoing opposing arguments are to recognizing the ICPD and Beijing commitments on SRHR in the UN policy making environment. The literature reveals a longstanding opposition by conservative groups on gender equality, women's rights and LGBTQI+ rights. This was demonstrated by Pizzarossa (2018), who explained that during the ICPD and Beijing conferences, the Holy See was unable to accept the words couples and individuals, as this was seen as relating to rights outside of marriage, namely a heterosexual marriage, and not in keeping with traditional family values. Given this opposition to individual rights, progressive lobbyists have so far been unsuccessful in having the term sexual rights recognized by UN bodies, despite the discrimination often faced by members of the LGBTQI+ community in accessing SRH services around the world (Baisley, 2016). Sexual rights, along with women's rights and LGBTQI+ rights are seen as opposing

traditional gender roles, particularly those of women (Paternotte & Kuhar, 2018), specifically in relation to same-sex marriage and abortion (Norad, 2013).

Regardless of the right to information and education on SRHR, Allred and David (2007) found that sex education remains a highly politicized issue. Family values, specifically, monogamous heteronormative family values, were described as the main driving force behind opposition to SRHR (Norad, 2013), despite an important component recognized in the ICPD and Beijing documents as being access to information and education on SRHR, including for adolescents. Even though evidence showing that comprehensive sexuality education (CSE) reduces rates of teen pregnancy, STI and HIV transmission, and also aims to lower gender-based violence by educating about mutually respectful relationships and human sexuality (Dickson, 2017), conservative groups push for abstinence-only sex education which teaches that the only acceptable form of sexual activity is inside a heterosexual marriage (Lemon, 2018). Opposing ideological standpoints therefore create a struggle in policy-making and application of CSE programmes in schools, and strong conservative opposition has seen the stalling of implementation of CSE programmes that have already been approved in legislation (Allred & David, 2007). Some policies leave out the words comprehensive, sexuality, and contraceptives (Nowicka, 2011). Policies in various conservative states in Asia, Latin America and Africa often do not mention the words adolescent contraception, sex education, or safe abortion where legal (except post-abortion care) (Defago, Angélica, Faúndes & Manuel 2014).

Pizzarossa (2018) found that abortion remains a controversial topic in UN resolution debates, and in the current political climate, the space in which to discuss access to safe and legal abortion is getting increasingly smaller. A 2018 study by the Guttmacher-Lancet commission evaluated the unmet need for family planning affects an estimated over 214 million women worldwide, increasing the risk for unsafe abortion which contributes to higher maternal mortality (Starrs, Ezeh, & Baker et al., 2018). Complications from unsafe abortion range from hemorrhage, sepsis, and injury and are a serious public health problem in countries with restrictive abortion laws (Calvert et al., 2018).

Despite overwhelming evidence demonstrating the importance of the availability of safe abortion services in reducing maternal deaths, it has been echoed by Thanenthiran (2014) that the topic continues to divide and draw serious opposition. As explained by Kumar (2018) “In the case of

abortion, the politics of disgust is in ascendance, with the politics of humanity only occasionally glimpsed” (p. 532). Compromising language around the topic of abortion has been used before where both the ICPD and Beijing Declaration state that countries should aim to prevent recourse to abortion and provide services to deal with the complications of unsafe abortion instead of providing access to legal and safe abortion (Mane & Aggleton, 2018). The term reproductive services continues to be contested by conservative groups as it is argued to imply to abortion services and therefore has often been replaced with reproductive care (Nowicka, 2011).

Language in UNSCR (UN Security Council Resolution) 2106 refers to reproductive health but not reproductive rights and is only discussed in terms of assault (Thomson & Pierson, 2018), despite this being agreed language in the ICPD and Beijing Declaration. In the Women, Peace and Security resolution 1325, there has been no addition from UN institutions on sexual and reproductive rights (Thomson & Pierson, 2018). NGO’s usually at the forefront of advocating for the advancement of SRHR are reframing their language to make them more politically acceptable, whereas conservative groups are showing no restraint in pushing forward (Nowicka, 2011). This lack of cohesion on SRHR in policies from various UN institutions, the reframing and scaling back on discussions, weakens the SRHR agenda and the ability to create uniform and strong policy.

Globally, research has shown that countries where abortion is illegal have a higher number of abortions than those where the procedure is legal (Brooks et al., 2019). In Africa and Latin America between 2010-2014 where abortion is illegal, Thomson and Pierson (2018) found that the abortion rates for women of childbearing age was 34 per 1,000 and 32 per 1,000 respectively whereas Western Europe where it is legal had 12 per 1,000. Countries which have strict abortion laws often have poor access to modern contraceptives and comprehensive sexuality education and therefore have higher rates of unwanted pregnancies, resulting in a higher number of abortions (Brooks et al., 2019). From these studies, it is evident that women in lower income countries suffer the most from restrictive policies on SRHR, which include comprehensive sexuality education and access to modern contraception to prevent unwanted pregnancy (Brooks et al., 2019; Thomson & Pierson, 2018).

On the grounds of the literature, we can conclude that access to abortion and comprehensive sexuality education (CSE) are among the most contested aspects of SRHR. However, although

sexual rights are highly contested, these have not yet been recognized in international commitments and therefore will not be included in the analysis of this study.

3.3 Mexico City Policy

Ideological stances have been reflected in foreign policy by guiding the funding of international global health assistance on SRHR, which can influence the SRHR agenda in the low and middle-income countries (LMIC) they assist (Kumar, Birn & McDonough, 2016). According to Brooks et al. (2019), the reinstating and rescinding of the Mexico City Policy (MCP) when a Republican or Democratic President is elected respectively, shows how domestic politics are associated with international development aid and assistance packages. With the US being the largest donor of global health assistance (Crane & Dusenberry, 2004), the agenda setting on SRHR cannot be discussed without reviewing the impact of the Mexico City Policy which has had one of the largest impacts on access to SRH services globally.

Pizzarossa (2018) found the US Reagan Administration and the Holy See aligned their stance against abortion at the 1984 International Conference on Population in Mexico City which saw the first installation of the Mexico City Policy fall on fertile ground after decades of population targets and coercive abortion practices. The policy prohibited the use of US funding for the provision of abortion services (Vogel, 2017). Furthermore, it also prevents NGO's which receive US funding from participating in national advocacy efforts to legalize abortion (Crane & Dusenberry, 2004). This is despite the fact that multiple studies have shown that the Mexico City Policy has never lowered rates of abortion (Pugh et al., 2017; Brooks et al., 2019; Bendavid et al., 2011). A WHO study found that while the policy was in place under the Republican George W. Bush Administration, the loss in contraceptives provided by the US to countries across Asia, the Middle East and Africa resulted in an increased number of abortions (Bendavid et al., 2011). A more recent 2019 study by Brooks et al. (2019) which analyzed the number of abortions between 1995 and 2014 showed a “substantial increase in abortions across sub-saharan Africa” (p. 7) when the Mexico City Policy was in place, as well as a marked decline in the use of modern contraceptives. Brooks et al. (2019) also demonstrated that this pattern was reversed when the policy was rescinded.

The Republican party in the United States (US) has become synonymous with having a hardline stance against abortion, and as such front runners in the presidential election have been vocal on anti-abortion rhetoric to attract support. It has become part of the Republican strategy amongst conservative voters who see SRHR as threatening traditional family values. (Crane, 2005). As soon as a Republican president is elected, the Mexico City Policy is restored, restricting US Global Health assistance for SRH services and influencing SRHR policy globally through the withdrawal of funds and vocal opposition in global forums (Brooks et al., 2019). This was demonstrated in the latest 2019 UN Security Council resolution on the prevention of sexual violence in conflict, where the Republican Trump Administration used their position as a permanent member of the Security Council and threatened to veto the resolution if it mentioned sexual and reproductive health (Gramer & Lynch, 2019).

As well as reinstating the Mexico City Policy during his first week in office, US President Donald Trump further expanded the policy to include not only a ban on providing abortion services but also on providing any information on abortion or referrals for abortion (Pizzarossa, 2018). It also stipulated that organizations could not use aid provisions from different sources to cover abortion services, and US funding for different services (Crane, 2005), effectively implementing a blanket ban on any mention of abortion. After expanding the Mexico City Policy in its foreign assistance aid, the Trump Administration further expanded the policy domestically, removing federal funding for health centers that provided any mention of abortion, attempting to censor abortion access in the US despite it being legal (Brooks et al., 2019).

In 2016, the Committee on Economic, Social and Cultural Rights (CESCR) reiterated the ICPD PoA, that the right to SRH is a human right (General comment No. 22 (2016) on the right to sexual and reproductive health, 2016). The report produced repeated states legal obligations to provide unhindered access to SRH services (Pizzarossa & Perehudoff, 2017). However, the broadening of the Mexico City Policy, by completely cutting funding to organizations that not only provide safe abortion services, but also those that only provide information about abortion (Vogel, 2017), infringes upon this. This means that they lose their US funding to cover the other SRH services they provide, such as contraceptives, HIV medication and testing (Brooks et al., 2019). The US also withdrew funding from the UNFPA (United Nations Population Fund), the UN sexual and reproductive health agency, creating serious problems for countries that reliant on this aid from

the UNFPA for SRH provisions (Crane, 2005). Therefore, even though the evidence demonstrates that the policy increases the amount of abortions, the policy is still implemented for political ideological reasons, rather than evidence (Crane & Dusenberry, 2004).

The Mexico City Policy infringes upon the sovereignty clause in the ICPD PoA, which states where abortion is legal it should be safe (Crane, 2005). This inhibits organizations reliant on this funding to provide safe abortion services where it is legal, or even refer women to centers that provide abortion. For countries reliant on foreign aid in their provision of health services, this is an example of one country's foreign policy agenda having an impact on a sovereign state's national health policy. This therefore has the ability to shape the global agenda setting on SRHR, with threats of the removal of funding allocations to developing countries.

Restrictive policies not only present political barriers, but also create institutional barriers by limiting the resources and personnel available to deliver SRH services which include providing contraceptives, information and education, and safe abortion in line with medical best practice recommendations (Espey et al., 2019). Starrs, Ezech, & Baker et al. (2018) found that around 25 million unsafe abortions are taking place each year. Without funding for SRH services, the number of unintended pregnancies, unsafe abortions, and maternal deaths rises (Pugh, S., Desai, S., Ferguson, L., Stöckl, H., & Heidari, S. 2017). Clinics which provide SRH services include HIV testing and treatment, access to modern contraception, maternal and child healthcare, as well as information and safe abortion where legal. The rescinding of funding therefore impacts the provision of all of these services (Crane & Dusenberry, 2004).

Unsustained resource allocation for SRH services has therefore created challenges in providing universal SRH coverage. Changes in recent funding allocations for SRH, namely the effects of the Trump Administration pulling funding from the UNFPA and greatly expanding the Mexico City Policy have had a substantial effect on the provision of SRH services globally.

3.4 The Current Climate

Ongoing geopolitical challenges continue to create a harsh environment for the current feminist movements struggle for full recognition of SRHR. Contentious issues on SRHR still derive

opposition from conservative groups, who continue to oppose SRHR reforms that aim to fulfill the commitments of the ICPD PoA (Girard, 2014). Conservative litigation, brought about by the idea of life at the point of conception, has been deployed by conservative actors who, according to Defago et al. (2014), extend their opposition to SRHR even beyond the scope of the church. Lobbying by pro-life NGO's has successfully seen recent policies on SRHR overturned at national levels, such as blocking access to safe abortion and emergency contraception in Argentina (Morgan, 2016). These demonstrate the pervasive and institutionalized influence of conservative groups in limiting access to SRH services, creating challenges in policy development to create fully universal SRH which recognizes rights and commitments to international treaties.

The link between nationalism and opposition to SRHR cannot be underestimated in the current far right movements, which see women's rights as a threat to the traditional family, as described earlier by Franklin and Ginsberg (2019). Recent strategies in opposition to SRHR have gained strength in the wake of economic crises across Europe which has seen a resurgence in right-wing populist parties with the narrative of "taking back control" who seek a return to "white national sovereignty" (Franklin & Ginsberg, 2019, p. 5). This rise in right-wing political parties has also seen a resurgence in religious fundamentalism, where resulting unholy alliances at the UN negotiations have been formed as part of an overall backlash on what is referred to in the literature as 'gender ideology', which includes SRHR (Pizzarossa, 2018; Vida, 2019; Franklin & Ginsberg, 2019). Yamin and Bergallo (2017) stated that the difficulty in getting SRHR recognized as rights across the board is often that "the fundamentalist religiosity is often allied with conservative nationalism that denies scientific truth".

Hungary has outlawed gender studies master's programmes, promoted education in school which emphasizes family life, and banned the abortion pill (Vida, 2019). EU and UN recommendations have been seen in Poland as threatening national identity, sovereignty, and family values, and right-wing politicians have taken a particularly strong stance against sex education and instead placed a focus on the role of motherhood (Kováts & Poim, 2015). Right-wing political parties across the EU have taken their anti-gender strategy to challenge SRHR at the EU level (Vida, 2019).

Under the political mobilizing structures, cross boarder support between conservative groups which are anti SRHR in the US and the EU are able to build strategies to undermine SRHR both

at the regional level as well as at the UN (Bijelic & Hodzic, 2014). As such, an attempt to dismantle hard won advances on the recognition and implementation of SRHR at the UN is being fought with alliances being formed between countries and state groups which seek to restrict the language on SRHR in the resolutions.

The current rise in conservative, populist movements ideology therefore creates challenges for SRHR (Yamin & Bergallo, 2017). These conservatives seek to undermine movements, international treaties and international organizations that promote SRHR (Defago et al., 2014). Reform efforts will need to challenge underlying interests of control that underpin the powerful moral and cultural discourses (Yamin & Bergallo, 2017).

This review of the literature highlights continuing challenges to SRHR policy, and that initial commitments have yet to be fulfilled globally as there are still gaps in fully universal access to, and recognition of, SRHR. Despite universal access to SRH services being paramount for the health of women and girls, the literature shows many global barriers to the realization of SRHR stem from a global, systemic opposition which is attempting to silence the language on SRHR in global forums.

Under the current “rise in the Global Right” (Paternotte & Kuhar, 2018), the attack on SRHR as demonstrated in the literature suggests that the current gains from the ICPD and Beijing documents, to the SDG’s, would likely not be achieved in the current political climate. With the expansion of the Mexico City Policy, to the right-wing populist parties in the EU threatening the EU position on SRHR, the global anti ‘gender ideology’ rhetoric creates an increasingly difficult space to not only fulfill the commitments in these documents, but to keep the qualifying language on SRHR from the ICPD and Beijing commitments in future documents. Without unified and consistent policy on the advancement of SRHR we cannot meet commitments to gender equality and the Sustainable Development Goal’s.

The broader theoretical framework of this study looks at the challenges in achieving gender equality under the UN Sustainable Development Goals for the agenda 2030, which includes universal access to SRHR, in a changing international political environment in which emerging conservative actors seek to roll back the commitments to SRHR from the ICPD and Beijing declarations. What is currently missing from the literature is an academic analysis of how the opposition to SRHR has managed to change the language in UN documents over time.

Therefore, on the grounds of the review of the literature which identified the contested areas of SRHR policy as being CSE and abortion, these will form the basis of the document analysis of UN resolutions, and the ICPD and Beijing monitoring and implementation bodies.

By performing a document analysis, this will allow an assessment of whether the efforts by the conservative opposition are being reflected in the language on SRHR in the latest resolutions and how these compare to the previous years, particularly when the Mexico City Policy was not in effect. The documents from 2014 to 2019, from before and after the latest re-implementation of the MCP, will therefore be analyzed to show what the changes are, and the CPD country statements analyzed to demonstrate the positions each country/group to identify who the actors are that oppose SRHR and whether these support the findings in the literature.

4 RESEARCH AIMS

This research aims to look at the differences in the language in SRHR in UN resolutions, and whether there has been a rolling back of the agenda on SRHR and why it is happening. From this I would then hope to identify what the challenges are in advancing global policy on SRHR.

5 RESEARCH QUESTIONS

1. What are the challenges to acquiring an “agreed language” on SRH?
2. How does the language compare between different UN resolutions?
3. Are we seeing a rolling back of the language on SRHR?

6 DESIGN AND METHODS

6.1 Health Policy Framework

The Health Policy Triangle by Walt & Gilson (1994), provides a suitable framework for this particular study as it allows for an overview of the historical and political context related to SRHR language at the UN, map who the actors are, analyze the documents, and conduct interviews with key informants who can provide an explanation of the findings. The framework provides a structure for the identification of key issues, the politics behind them, and how this affects the resulting language in the documents (Brown, Yamey, & Wamala, 2014).



Figure 1: Health Policy Triangle by Walt and Gilson (1994)

Obtained from The Handbook of Global Health Policy (2014, p.24)

The Health Policy Framework has been adapted to this study and will follow this structure:

- Context: Review of the literature on the background of the SRHR agenda setting and changing political context
- Actors: Contextual mapping of who the actors are, obtained through the review of the literature and CPD Country Statements
- Content: Document analysis of UN resolutions, CSW outcome documents, and CPD country statements
- Process: Key informant interviews which confirm the findings of the study and further explain the process

To provide the context, an initial review of the historical and institutional setting was performed to provide the background setting on SRHR global policy making and define the initial SRHR concepts in the ICPD and Beijing Declaration documents. The review of the literature then provided the thematic framework to uncover what the key issues are in the agenda setting (Srivastava & Thomson, 2009), which could then be applied to the document review. The review of the literature was conducted using the search engines PubMed Central, Taylor and Francis, Wiley Online, Science Direct and Web of Science using the key words “sexual and reproductive health”, “sexual and reproductive rights”, “sexual and reproductive policy”, “sexual and reproductive health policy challenges”, “sexual and reproductive health politics”, “sexual and reproductive health agenda”, “Mexico City Policy”, “ICPD SRHR”, “Abortion Rights”, and “Comprehensive Sexuality Education”. After obtaining the initial ICPD and Beijing documents, and researching the agenda setting at the time of these conferences, the literature search was narrowed down to the past 8 years to observe the most up-to-date changes in the global political climate related to SRHR and how this has evolved to date. This led to being able to map who the actors are that are contesting SRHR language.

6.2 Document Analysis

Framework analysis is a qualitative method that can be used in policy research (Srivastava & Thomson, 2009) and this thesis will combine multiple methods in order to validate and explain the

findings of the research. This method of framework analysis outlined by Srivastava & Thomson (2009) was undertaken by the following methods:

1. familiarization with the documents
2. identifying a thematic framework and detecting key issues
3. indexing sections related to key issues
4. charting the relevant sections into tables
5. mapping and interpretation of the results as laid out in the tables

Framework analysis is commonly used in health policies as it is comprehensive and allows for an assessment of changes which may be occurring (Srivastava & Thomson, 2009) which makes it particularly suitable for assessing whether there are changes to the language on SRHR. When applied to policy research, as stated by Ritchie & Spencer (1994) this method of qualitative analysis permits for:

- Defining concepts
- Mapping
- Finding associations
- Seeking explanations
- Developing new theories

Following this method, the identification of the concepts of SRHR in the original ICPD and Beijing Declaration were identified. By analyzing the latest resolutions and outcome documents, this enabled a comparison for how the language compared to the original commitments, as well finding associations in the changing language between different UN bodies. The analysis of the country statements from the CPD offers an explanation of the changes in the language by highlighting the position of countries and what their opposition is. This analysis enables the development of new theories on what is happening in the current agenda setting.

A thematic analysis of the resolutions and country statements based on the key issues which were identified in the thematic framework identified the following themes:

- Comprehensive Sexuality Education
- Abortion

These were outlined in the literature as being the most contended by conservative groups. SRHR policies and resolutions are much wider, and include LGBTQI+ persons, maternal health, and access to SRH services in humanitarian emergencies, however due to the scope of a master's thesis I decided to focus on the most contentious issues.

The initial international commitments to SRHR in the ICPD PoA and Beijing Declaration were analyzed as these are considered as qualifying language, and therefore a comparison could be made to compare whether the language has regressed from these commitments.

6.2.1 Resolutions and Outcome Documents

The UN General Assembly was established in 1945 to “guide global decision- and policy-making” (Spijkers, 2012, p. 380). Comprised of 6 main committees, the Third Committee, Social, Humanitarian and Cultural, covers a range of issues related to social and human rights and thus contain resolutions covering SRHR which will therefore be included in the document review of this study.

The United Nations Educational, Cultural and Scientific Organization (UNESCO) Technical Guidelines on Sexuality Education document outlines the latest updated guidelines from 2018 on CSE and was produced in partnership with UNAIDS, UNFPA, UN WOMEN, UNICEF and the WHO. This was included to compare how the guidelines on CSE from in a conjoint document from UN Agencies and Funds compare to the language on CSE in the resolutions, outcome documents and country/group statements.

The Human Rights Council (HRC) resolutions pertaining to women's health provide an “application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity” (UNHRC, 2012, p. 3). These were analyzed to see how these compare to the General Assembly resolutions considering the rights-based language in the HRC and the absence of state actors, such as the US, and

whether these would demonstrate a difference in the language between the General Assembly and Human Rights Council resolutions.

The resolutions were sourced from the UN digital library at <https://digitallibrary.un.org>, where a full document text search can be applied. This was used when searching for abortion and CSE in the documents. SRHR was also used to check whether the wording related to CSE had changed and would therefore not show up in the search.

The review of the literature demonstrated the influence of the US on the agenda setting, with the rescinding and reimplementation of the Mexico City Policy between Democratic and Republican Administrations (Brooks et al., 2019; Crane & Dusenberry, 2004; Crane, 2005). I therefore decided to analyze the resolutions from 2014 through to 2019 to see if there were changes in the language under the Obama Administration Democratic Party, to the Trump Administration Republican Party respectively. For continuity and for the afore reason mentioned, this was followed for the analysis of the Commission on the Status of Women outcome documents, and the Commission on Population and Development country/group statements.

The latest UN outcome documents from the Commission on the Status of Women (CSW) were obtained dating from 2014 to 2019 as the CSW is the monitoring body for the Beijing Platform for Action. These were initially analyzed to detect any changes in the language relating to abortion and comprehensive sexuality education. During the analysis, further themes emerged, and it became apparent that the mention of access to modern contraceptives and the provision of adolescent pregnancy prevention programs was changing and so these were also included. The literature had also indicated that these proved controversial aspects of SRHR.

6.2.2 CPD Country and Group Statements

Country and group statements only, rather than the outcome report, were chosen specifically from the Commission on Population and Development as these demonstrate the position of countries and groups on SRHR and allow for further mapping of who the actors are that wish to roll back language on SRHR and as such may provide an explanation of the changes we are seeing. Therefore, following the same rule as the resolutions, these were also analyzed from 2014 to 2019 to follow the positions at the same time as the resolutions. Statements were taken from the same countries and groups per year where available for continuity and to show where the changes and

support lies. These countries were chosen based on the findings of the literature, and the key informant interviews.

The US was included due to its ability to influence the agenda setting, and due to the literature demonstrating that US support for sexual and reproductive health and rights under the Obama Administration, has changed under the Trump Administration (Brooks., et al. 2019). These statements will further provide an explanation of the US stance in the negotiations on SRHR.

Group statements were taken from the African States Group, Community of Latin American and Caribbean States (CELAC), G77, Gulf States, and EU states where they were available, to show their position on SRHR. Poland was also selected as, although they are part of the EU, they have demonstrated, as seen in the literature, to challenge in SRHR at the international level.

A theme identified in Poland's statements was an emphasis on "family life" and "procreation", and these were included as they further explain Poland's position on SRHR and how it differs from the common EU position.

Other themes were identified in the country/group statements under SRHR were reproductive health and maternal health. Maternal health and reproductive health on its own were included as states that did not agree to SRHR language generally placed an emphasis on language relating to maternal health, or only mentioning reproductive health and omitting sexual health.

The UN Security Council (UNSC) is another UN body in which previous resolutions on the prevention of sexual violence in conflict have included varying references to SRHR (Thomson & Pierson 2018). Despite recent developments in the UNSC which mark a crucial development in the removal of language on SRHR, I decided not to include an analysis of the resolutions as they did not fit with the comparison of language on comprehensive sexuality education and abortion between the GA and HRC.

6.3 Materials

Table 1: List of Documents Reviewed

Commission on the Status of Women	<ul style="list-style-type: none"> • 63rd Session 2019 • 62nd Session 2018 • 61st Session 2017 • 60th Session 2016 • 59th Session 2015 • 58th Session 2014
UN General Assembly	<ul style="list-style-type: none"> • A/RES/71/170 • A/RES/73/148 • A/RES/69/147 • A/RES/71/170 • A/RES/70/137 • A/RES/72/146
Human Rights Council	<ul style="list-style-type: none"> • A/HRC/RES/29/14 • A/HRC/RES/32/4 • A/HRC/RES/35/10 • A/HRC/38/L.6 • A/HRC/RES/29/14 • A/HRC/RES/32/4 • A/HRC/RES/35/18 • A/HRC/RES/39/10
International Conference on Population Development	Programme of Action 1994
Fourth World Conference on Women	Beijing Declaration Platform for Action 1995
United Nations Educational, Cultural and Scientific Organization	UN Technical Guidance on Sexuality Education 2018
Commission on Population Development	<ul style="list-style-type: none"> • 2019 Country Statement from the US • 2019 Statement by Romania on behalf of the EU • 2019 Country Statement from Poland • 2019 Statement from the G77 including China • 2019 Statement from the African States Group • 2018 Joint Country Statement • 2018 Country Statement from the US • 2018 Report on the 51st Session • 2017 Country Statement from the US

	<ul style="list-style-type: none"> • 2017 Statement from the EU on behalf of it's member states • 2017 Statement by El Salvador on behalf of CELAC • 2017 Statement from Ecuador on behalf of the G77 including China • 2017 Country Statement from Poland • 2016 Country Statement from the US • 2016 Country Statement from Poland • 2016 Statement from the EU • 2016 Statement from the Gulf Cooperation Council • 2016 Statement from the African States Group • 2016 Statement from the G77 including China • 2015 Country Statement from the US • 2015 Country Statement from Poland • 2015 Country Statement from Sweden • 2015 Statement from the G77 including China • 2015 Statement from CELAC • 2015 Statement from Nigeria • Report on the fifty-first session CPD, 2018
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6.4 Interviews

As described by Alasuutari, 1996, p. 43, “It is characteristic of qualitative material that it is rich, multi-dimensional and complex”. By gathering the latest resolutions and comparing the language to the initial commitments under the ICPD and Beijing Declaration and reviewing the conservative backlash to SRHR, we are able to highlight the changes in the language relating to the contended issues. However, simply highlighting the changes was not enough, and it is important to understand why these changes are happening. A key informant is defined by Marshall, 1996, as someone who is “an expert source of information” (p. 92). They are able to provide more information on a subject due to their personal knowledge and experience, while at the same time remaining impartial and unbiased (Marshall, 1996). The purpose of conducting key informant interviews for this study was therefore to obtain an insight from those with in-depth knowledge of the SRHR agenda setting and negotiations at the UN, who could confirm the

findings of the document review. The results of the literature and document review formed the basis for the interview question formation (Kallio, Pietilä, Johnson & Kangasniemi, 2016). Interviews were conducted with diplomats and senior level international NGO representatives with working knowledge of SRHR who advise governments and UN bodies across Europe and Asia Pacific who had been directly involved in the negotiations. The interviews were considered as ‘elite interviews’ due to the participants professional experience and esteemed standing (Harvey, 2011). They were imperative in providing an insight into the challenges faced in preserving the qualifying language on SRHR from the ICPD and Beijing documents, and what the arguments to keeping the language out were. After obtaining the interviewee’s consent to be interviewed as part of this study, the interviews were either recorded with the interviewee’s prior approval, otherwise notes were taken during the interview (Ngozwana, 2018). One of the interviews was carried out in person, and the rest were conducted over skype.

The interviews were semi-structured to allow for flexibility during the interview (Kallio et al., 2016), with the purpose of confirming the findings in the document review. These were based on the themes identified in the literature (Kallio et al., 2016) which became the subject of the document review, while allowing for the participants to offer their own insights and observations on the challenges in protecting SRHR. Considering their direct and high-level of expertise, the interviews gave only slightly varied opinions in that some were overall optimistic on the future of SRHR and others were slightly more concerned given the mounting opposition, yet their observations were the same. The number of interviews conducted was relatively small at 7 as at this point no new observations were recorded and it was decided that the interviews had reached saturation point (Mason, 1997, p. 123).

Due to the interviewees position, it was essential to maintain their anonymity (Ngozwana, 2018), and as such, they have been completely anonymized in this study. I have therefore assigned them code numbers, also making sure not to mention which country they are from.

Table 2: Key Informant Interview Participants

Code	Workplace	Region
KI1	Foreign Affairs Ministry	Europe
KI2	Foreign Affairs Ministry	Europe
KI3	Foreign Affairs Ministry	Europe
KI4	NGO	Europe
KI5	Foreign Affairs Ministry	Asia/Pacific
KI6	NGO	Asia/Pacific
KI7	NGO	Asia/Pacific

The semi-structured interviews were guided by the following list of questions

Interview Questionnaire

1. What are the challenges to SDG 5.6, ensuring universal access to SRH?
2. What are the limitations around enforceability of SDG 5.6?
3. What are the current challenges to the wording of SRHR in UN resolutions, and who are the actors seeking to restrict wording?
4. What is happening to abortion rights in global forums and how has this affected language in UN policies?
 - a. can you mention any documents / related discussions?
 - b. is there a difference between UN agencies in the approach?
 - c. Are we seeing the complete removal of any mention of abortion from UN SRH policies?
5. What are the debates related to the wording of “comprehensive sexuality education”?
 - a. How has this been reflected in policies and what are the compromises?
 - b. Has “comprehensive sexuality education” been replaced with “comprehensive education”, and are conservative groups are concerned with teaching about LGBTQI?
 - c. Has “age-appropriate” replaced “adolescent”
6. Has “access to modern contraceptives” been replaced with “access to family planning”?
7. How has the framing of “sexual and reproductive health” ‘care/services’ or ‘health-care services’ changed and are we seeing more ‘medical’ framing?
8. Are there other notable compromises in SRHR language not mentioned above?
9. Who are the pro-choice NGO’s that are making a strong presence and looking to influence SRH policy-making?
10. Are there governments that have notably shifted their position on SRHR?
11. Is there ‘behind the scenes lobbying’ pushing for governments to compromise their stance on SRHR

7 ETHICAL CONSIDERATIONS

This chapter will discuss the various ethical considerations which must be taken into account when performing qualitative research, and how they have been applied to this study

7.1 Role of the Researcher

The way that data is collected and presented in a qualitative study can present multiple ethical issues. The role of the researcher requires that the researcher must consider their own values, politics, reasons for conducting the study, and how they could affect the study (Mason, 1997, p. 42). These must be reflected upon to ensure personal biases are excluded. When conducting qualitative research, as outlined by Ngozwana (2018), it is imperative to collect and present data while remaining impartial. The multiple methods of data collection for this thesis, from the literature, documents, and the country statements, support the credibility of the findings and the reliability of the research framework of this study. This was particularly important due to the politicized nature of this topic.

In qualitative research, the researchers own views can influence the way in which the data is used (Ngozwana, 2018). The information can be interpreted to present a view which is inline with the beliefs of the researcher, therefore the way in which the data is gathered, analyzed and presented can determine the validity of the findings (Richards & Schwartz, 2002). By analyzing the UN resolutions, CSW outcome documents and CPD country statements, I let the language in the documents speak for themselves. In this way, I minimize my own personal opinions on the topic.

The interviewees selected had direct knowledge of the SRHR negotiations at the UN and had a high professional standing, but personal bias still had to be considered during the interview process (Marshall, 1996). Although the key informant interviews were conducted to simply confirm and explain the findings of the study, the questions were formulated to avoid asking personal opinions.

This thesis was furthermore written according to the responsible conduct of research outlined by the Finnish Advisory Board on Research Integrity. Citation of other works was meticulously followed, and information acquired recorded accurately. (TENK, 2012).

7.2 Consent and Protection of Identity

Informed consent (Mason, 1995, p. 81) was gained directly from the interviewees, and an explanation provided on why the study was being conducted and how the information obtained from the interviews would be used. Due to the interviews having been conducted with diplomats from various countries, as well as senior members of NGO's, their anonymity had to be assured and it was therefore necessary that the government they work for was kept confidential (Ngozwana, 2018) so that the participants were not identifiable and further so that this work is not seen to reflect the views of any particular government. Questions were asked only to provide a confirmation and explanation of the findings (Marshall, 1996), and not to divulge sensitive information on the proceedings.

8 FINDINGS

The purpose of this study is to see whether the conservative opposition to SRHR has been successful in rolling back the language in the UN outcome documents and resolutions. The literature highlighted the most contested areas are CSE and abortion. Therefore, following the framework analysis method, the documents from 2014-2019 (where available) were indexed, charted and put into tables.

Each sub section contains the corresponding comments from the key informant interviews which further confirm and explain the findings.

Section 8.1 contains the Commission on the Status of Women table, which also includes the sub-themes that emerged which were access to modern contraceptives and preventing adolescent pregnancy.

Section 8.2 on CSE first introduces the most recent international guidelines from UNESCO on CSE, then provides the most recent example of what has become known as the ‘double-parent paragraph’ on CSE in the CSW and GA. The CSE table then compares the language on CSE in the resolutions from the HRC, GA, and the outcome documents from the CSW.

Section 8.3 contains the abortion table which compares the language and any reference to abortion in the resolutions from the HRC, GA, and the outcome documents from the CSW.

Finally, in section 8.4 the CPD Country Statements are presented in tables separated by year which shows whether the countries/groups support or do not support SRHR, or do not mention it.

Chapter 9 will present the discussion and how the results of this study relate to the findings in the literature.

8.1 Commission on the Status of Women

Table 3: Commission on the Status of Women¹

Year and page number	Comprehensive Sexuality Education	Access to modern contraceptives	Access to safe abortion where legal	Preventing adolescent pregnancy
2014 p. 11	"comprehensive sexual and reproductive health-care services, commodities, information and education"	"including, inter alia, safe and effective methods of modern contraception, emergency contraception"	"safe abortion where such services are permitted by national law"	"prevention programmes for adolescent pregnancy"
2015	Political declaration adopted	Political declaration adopted	Political declaration adopted	Political declaration adopted
2016 p. 8	"comprehensive sexual and reproductive health-care services, commodities, information and education"	"including, inter alia, safe and effective methods of modern contraception, emergency contraception"	"safe abortion where such services are permitted by national law"	"prevention programmes for adolescent pregnancy"
2017 p. 11	"universal access to sexual and reproductive health-care services, including for family planning, information and education"	"universal access to sexual and reproductive health-care services, including for family planning"	X	X
2018 p. 15	Introduction of the 'double-parent' paragraph See section 9.2 CSE	X	X	"in order to, inter alia, enable them to protect themselves from HIV infection and other risk"
2019 p. 18	Continuation of the 'double-parent' paragraph	X	X	Continuation from 2018

¹ Full sections available in Annex 3. 2015 marked 20 years since the Beijing Declaration and as such a political declaration was adopted, rather than an outcome document. X indicates a disappearance in the language.

During the analysis of the CSW documents, further themes which became apparent was that language relating to access to modern contraceptives and adolescent pregnancy prevention was also disappearing. Preventing adolescent pregnancy has been replaced with avoiding HIV and ‘other risk’.

Modern contraception changed to family planning in 2017 and has not reappeared since then. CSE has undergone changes since 2017 which will be further explored in section 8.2 on CSE

KI1 *“Most controversial is LGBT, safe abortion, and access to knowledge for young people. Trend towards more conservative language and family values.”*

This has been reflected where language on prevention programmes for adolescent pregnancy has changed to protecting from “HIV and other risk” and thereby removing adolescent pregnancy. With the introduction of the ‘double-parent language’ (further explored in section 8.2), a greater emphasis has been placed on the role of parents, whilst also removing sexuality from CSE to comprehensive education.

KI7 *“Some are insisting on abstinence only for adolescents. Even the health guidelines from health providers stopped short of mentioning contraception. Abstinence and opposition of contraception is very embedded in catholic doctrine.”*

KI1 *“Access to modern contraceptives gets replaced with access to family planning.”*

Family planning allows governments to push for natural methods of family planning rather than creating universal access to modern contraceptives.

KI2 *“CSW had 3-4 years ago abortion mentioned, but now it has completely fallen out.”*

“There is an influence of evangelical Christian right movements in the US, who printed manuals for multilateral negotiations and provide courses and fly diplomats all over the world to go to courses on how to counter SRHR. There is a whole background network for these conservative groups. It’s not originating from the national policies and practices of these countries, its hybrid influencing. Leaflets and manuals are left on tables at the negotiations by far-right Christian groups to influence the negotiations.”

This supports the findings in the literature which state that the majority of the opposition stems from US Christian Right groups at the UN, which form global alliances to counter ICPD

language on SRHR. It supports the evidence that conservative NGO's use events such as the CSW to exercise their lobbying efforts.

KI4 *"Huge backlash on gender ideology. This terminology and language present in feminist studies and policies now have people out protesting on the streets in opposition. The opposition to this is a "vote winner" in some states such as Brazil, Hungary, US etc. All the issues which are being opposed, which are many, all fall under the category of gender. So looking to change language on contraception, abortion, CSE, anything that contains the word gender is questionable."*

The backlash on SRHR was demonstrated in the literature as falling under a broader global backlash on gender ideology. KI4's comments support the literature which show that some of the most contested areas include abortion, CSE and access to contraception. This is further reflected in the CSW table which shows any mention of abortion completely dropping out after 2016.

KI3 *"Not pushing for any safe abortion language in resolutions. It was impossible to mention anything related to abortion (even post abortion care) because it was such a red line, therefore the EU could not have a common position at all to take to the UN discussions."*

This supports the findings from Pizzarossa (2018) that the space for discussing abortion is getting smaller.

8.2 Comprehensive Sexuality education

In 2018, UNESCO, United Nations Educational, Cultural and Scientific Organization, produced the updated International Technical Guidance on Sexuality Education document in partnership with UNAIDS, UNFPA, UNICEF, UN WOMEN, and the WHO. The document includes the following definition on CSE:

“What is comprehensive sexuality education (CSE)? Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.” (UNESCO, 2018, p 16)

CSE Structure
1. Relationships
2. Values, Rights, Culture and Sexuality
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and Well-being
6. The Human Body and Development
7. Sexuality and Sexual Behavior
8. Sexual and Reproductive Health (UNESCO, 2018, p. 35)
8.1 Pregnancy and Pregnancy Prevention – including information on modern contraception
8.2 HIV and AIDS Stigma, Care, Treatment and Support
8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV (Subsection sourced from UNESCO, 2018, p. 74)

However, language on CSE has not been replicated fully in all of the resolutions and outcome documents.

The latest paragraphs related to Comprehensive Sexuality Education in the CSW have come to include what was referred to in the key informant interviews as “double parent language”. This is where wording such as “age-appropriate” has crept in, as well as taking into account cultural considerations, and “direction or guidance” from parents and caregivers which is mentioned twice. This double parent language first appeared in 2018. Table 3 demonstrates the how sexuality education language in the CSW has changed from 2014 to 2019, including the introduction of the double parent paragraph. Table 4 on the next page shows how this paragraph spread from the CSW, to the general assembly, but has for now not made it to the human rights council.

Commission on the Status of Women 2019 – Double Parent Paragraph

*“Develop policies and programmes with the support, where appropriate, of international organizations, civil society and non-governmental organizations, giving priority to formal, informal and non-formal education programmes, including scientifically accurate and age-appropriate **comprehensive education** that is relevant to cultural contexts, that provides adolescent girls and boys and young women and men in and out of school, consistent with their evolving capacities, and with appropriate **direction and guidance from parents and legal guardians**, with the best interests of the child as their basic concern, information on sexual and reproductive health and HIV prevention, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and foster informed decision-making, communication and risk-reduction skills and to develop respectful relationships, **in full partnership with young persons, parents, legal guardians, caregivers**, educators and health-care providers, in order to, inter alia, enable them to protect themselves from HIV infection and other risks”*

Sourced from the 2019 Commission on the Status of Women outcome document, page 18

Table 4: Comprehensive Sexuality Education²

Year	Human Rights Council	General Assembly	Commission on the Status of Women
2014	-	A/RES/69/147 p. 11 “comprehensive sexual and reproductive health-care services, commodities, information and education”	"comprehensive sexual and reproductive health-care services, commodities, information and education" p. 11
2015	A/HRC/RES/29/14 p. 4 “access to quality education, including comprehensive sexuality education” No parent language	A/RES/70/137 p. 15 “comprehensive evidence-based education on human sexuality”	Political Declaration Adopted
2016	A/HRC/RES/32/4 p. 3 “enhance women’s sexual and reproductive health as well as education, providing age appropriate, sexual health information, education” No parent language	A/RES/71/170 p. 9 “comprehensive education information on sexual and reproductive health, in full partnership with young people, parents, legal guardians, caregivers, educators and health-care providers” Introduction of parent language, but not double-parent language	Same paragraph as 2014
2017	A/HRC/RES/35/10 p. 5 “comprehensive sexuality education, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities, with appropriate direction and guidance from parents and legal guardians” Introduction of parent language, but not double-parent language	A/RES/72/146 p. 4 “comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health” “in full partnership with young persons, parents, legal guardians, caregivers”	“universal access to sexual and reproductive health-care services, including for family planning, information and education” p. 11
2018	A/HRC/38/L.6 p. 5 Same paragraph as 2017.	A/RES/73/148 p. 5 Double-parent paragraph	Double-parent paragraph

² A - indicates no SRHR pertaining resolution available. Relevant resolutions for 2019 were not available at the time of writing. Full paragraphs from Table 4 available in Annex 4 for the HRC and 5 for the GA resolutions.

The language relating to sexuality education differs across the CSW, GA and HRC, indicating the language has not reached a consensus as it also changes from year to year. This is until 2018, with the introduction of the double-parent paragraph. This is the first time in the years analyzed that we are seeing a direct replication of the language, where the double parent paragraph moved from the CSW to the GA.

Resolutions in the GA saw the addition of language that mentions the role of parents and guardians in 2016. This started with a single mention of the role of parents, to being mentioned twice in the same paragraph in 2018 with the introduction of the double-parent paragraph. In the GA, the wording has changed from “comprehensive sexual and reproductive health-care services, commodities, information and education” in 2014 to “comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health ... in full partnership with young persons, parents, legal guardians, caregivers” in 2017 with the addition of parent language from 2016 but further emphasizing cultural contexts and evolving capacities.

Parent language entered the HRC in 2017 but the double-parent paragraph has so far not made it in to the HRC resolutions. Only the HRC resolutions specifically mention comprehensive sexuality education, which it does so in 2015, 2017 and 2018.

KI2 *“Divergence between the human rights council and the 3rd committee in the UN , when the US left the HR council, the first US free session saw the passing of the resolution on mortality and morbidity which includes some of the strongest SRHR language seen in a long time, including several references to safe abortion. It was obvious the US was not there.”*

“Last years CSW saw the introduction of a “double parent language” on CSE “in partnership with parents” “with appropriate guidance of parents”. It was agreed to in CSW because CSW did not have CSE language before. Now this language has spread to the 3rd committee resolutions, so all the autumn resolutions were modified compared to the previous to include this “double parent language”, and now there is a push to spread this to the HR council which we have to counter.”

KI2 confirms the findings in Table 4 on CSE which show the emergence of the double parent paragraph in 2018, how this spread to the GA resolution but not the HRC.

KI5 *“We are starting to see the double parent CSE language appear across multiple UN resolutions. This new CSE double parent language came about by very conservative states trying to reassert the role of parents, and the role of the family. The role of the family is cropping up in anything related to women and children, and in the rights of persons with disabilities.”*

This comment by KI5 supports the findings in the literature which show a political movement to place an emphasis on conservative language on family values. This changing of sexuality education language and emergence of the double-parent paragraph demonstrate the results of this UN resolutions and outcome documents.

8.3 Abortion

Table 5: Abortion³

Year	Human Rights Council	General Assembly	Commission on the Status of Women
2014	-	A/RES/69/147 p. 11 “safe abortion where such services are permitted by national law”	“safe abortion where such services are permitted by national law” p. 11
2015	A/HRC/RES/29/14 p. 6 “safe abortion where such services are permitted by national law”	-	Political declaration adopted
2016	A/HRC/RES/32/4 p. 3 “safe abortion where such services are permitted by national law”	A/RES/71/170 p. 8 “safe abortion where such services are permitted by national law”	“safe abortion where such services are permitted by national law” p. 8
2017	A/HRC/RES/35/18 p. 6 “abortion where not against national law”	-	X
2018	A/HRC/RES/39/10 p. 4 “safe abortion in accordance with international human rights law and where not against national law”	A/RES/73/148 p. 7 “safe abortion where such services are permitted by national law”	X
2019		-	X

Abortion has completely dropped out of the CSW from 2017. The language remains present in the HRC, but only present in GA resolutions on preventing violence against women. However, as this has dropped out from the CSW, it remains to be seen if the same will happen in future resolutions.

KI2 “*Phrasing in the Beijing and Cairo are considered the qualifiers. The ICPD states that abortion is part of SRHR only where it is legal. Beijing has the wording that where it is legal it should be safe.*”

³ See full paragraphs for Table 5 in Annex 6 for the HRC and 7 for the GA resolutions.

KI6 *“There was a lot of opposition for abortion at the ICPD. There is an escape clause related to abortion. Countries can choose not to allow abortion, but respect other countries that do.”*

ICPD and Beijing language on abortion has seen the presence sovereignty clauses on the provision of safe abortion services where permitted by law in the resolutions. This allows states to opt out of providing abortion services if it is not legal.

KI5 *“In the middle of 2018, the US says UN mandate says they can provide abortion wherever, so they want to stop the UN providing or even talking about abortion. The broadening of the Mexico City Policy reflects this.”*

The broadening of the MCP was described in the literature as completely preventing organizations from talking about abortion, rather than simply from not providing abortion or using other funds instead of US Global Health Assistance, thereby silencing abortion from providers which accept their funds.

8.4 Commission on Population Development⁴

8.4.1 52nd Session 2019

Table 6: CPD 52nd Session 2019 Statements

Country/Group 2019	Support of SRHR	Non-support of SRHR	No mention
United States of America		“improve maternal and child health. ” p. 1 “We continue to insist that references to “sexual and reproductive health services” in the ICPD Programme of Action not include abortion or the promotion of abortion as a method of family planning.” p. 2	
EU States	“remains committed to sexual and reproductive health and rights (SRHR) ” p. 2 “including comprehensive sexuality education , and health-care services.” p. 3		
Poland		“ Reproductive health is a crucial element of the State health policy.” p. 2 “One of the most important subject areas of the current government's action is family policy. ” p. 6	
G77 including China	“ensure universal access to sexual and reproductive health care services ” p. 2		
African States Group			X

⁴ Please see full paragraphs relevant to the CPD statements throughout subsection 8.4 in Annex 8

KI2 *“In some African countries abortion is legal, and on a regional scale have quite progressive policies, but when they negotiate as a group in certain UN contexts the group agenda gets hijacked by the more conservative countries.”*

2019 African States Group Country Statement did not include any reference to sexual and reproductive health. This supported the findings from the review of the literature and the comment from KI2 that African countries which support SRHR get commandeered by more conservative African countries in the UN negotiations.

KI3 *“Under Trump, the position on SRHR changed to the extent we have never seen before from the US. They do not care for UN proceedings.”*

“Focusing on language and commas etc is important due to the ideology behind them. Health-care services was already a compromise in 1994 and was a package deal. Firm advocate for ‘services’ only, because ‘care’ some countries interpret that as they don’t need to provide services.”

KI1 *“For some ‘sexual health services’ implies abortion. The word ‘services’ is tricky.”*

The US Country Statement highlights that they insist that ‘sexual and reproductive health services’ does not mean abortion or promote abortion as a method of family planning. SRHR still concerns states as promoting abortion regardless of the sovereignty clauses and the fact that abortion was never promoted as a method of family planning in the ICPD or Beijing. This also supports the literature and comment from KI1 that the word ‘services’ has been contested as to meaning abortion services.

The Statement by the US only discusses access to maternal and child health, and notably does not include sexual and reproductive health. This is reminiscent of the MDG’s which were criticized as shown in the literature for having no mention of SRHR.

The EU statement referring to ‘sexual and reproductive health and rights’ is notable for the fact it does not use the language ‘sexual and reproductive health and reproductive rights’ which specifically excludes sexual rights, and the paragraph before advocates for CSE allowing for adolescents to make informed choices regarding their sexualities.

Poland does not refer to sexual and reproductive health, or rights. They only refer to reproductive health and this is repeated each year in Poland's Country Statements. This supports the literature findings that Poland is only supportive of maternal and child health. Poland has a strong emphasis in the role of the family, and thus their family policy is discussed in their country statement.

8.4.2 51st Session 2018

Table 7: CPD 51st Session 2018 Statements

Country/Group 2018	Support of SRHR	Non-support of SRHR	No mention
United States of America		<p>“The United States is unable to accept the Chair’s text due to the multiple, “unqualified” references to sexual and reproductive health.” p. 1</p> <p>“the United States does not recognize abortion as a method of family planning, nor do we support abortion in our reproductive health assistance. We do not understand this term to include the promotion of abortion and educational strategies that may increase sexual risk for youth.” p. 1</p>	
<p>Joint statement from Tunisia on behalf of Australia, Austria, Argentina, Belgium, Brazil, Bulgaria, Cabo Verde, Canada, Cambodia, Colombia, Cyprus, Denmark, El Salvador, Estonia, Finland, France, Germany, Greece, Iceland, Ireland, Japan, Latvia, Liberia, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Philippines, Sweden, Switzerland, Spain, Tunisia, United Kingdom and Uruguay</p>	<p>“We firmly believe that the full realization of all human rights for all including sexual and reproductive health and rights” p. 1</p> <p>“we believe that young people and adolescents should have access to comprehensive sexuality education” p. 1</p> <p>“Our group notes with concern the lack of reference to sexual and reproductive health and rights” p. 2</p> <p>“it is therefore an imperative that women and girls, particularly adolescents, have full access to sexual and reproductive health and rights.” p. 2</p>		

The Joint Statement was the only group statement available and is notably in contrast with the US Country Statement. While the US is unable to accept the text due to “unqualified references to sexual and reproductive health”, the joint statement “notes with concern the lack of access to sexual and reproductive health and rights”.

KI5 *“The statement from the US during the CPD was that they would no longer accept agreed language on SRHR and CSE”*

“The difficulty with SRHR at the moment is SRHR language has been longstanding for many years but now the US can’t accept it.”

The sentence on sexual and reproductive health from the US Country Statement which reads “we do not understand this term to include the promotion of abortion and educational strategies that may increase sexual risk for youth”, combined with the comment from KI5, demonstrate the lack of support from the US for CSE.

The strong tone of the Joint Statement in the table in their support of CSE and SRHR “it is therefore an imperative that women and girls, particularly adolescents, have full access to sexual and reproductive health and rights” is contrasting to the language in the US Country Statement.

As the literature demonstrates, ‘sexual and reproductive health’ is already agreed language from the ICPD and Beijing documents. However, what is not clear from the US Country Statement is exactly which references to sexual and reproductive health they are referring to which they suggest are “unqualified”, or if, as with the comment from KI5, this is demonstrating that the US cannot accept any reference to sexual and reproductive health at all.

Report on the fifty-first session CPD (7 April 2017 and 9–13 April 2018)

*“The Commission did not reach consensus on the resolution on the special theme, notwithstanding the substantial progress made by the facilitator, Zandile Bhengu (South Africa), in forging agreement among delegations on key topics, and the efforts of the Chair, the Ambassador of Romania, Ion Jinga, to craft a Chair’s text that would strike a compromise between competing points of view. The Chair’s text was distributed at the 8th meeting, on Friday, 13 April, in the early afternoon. **When the 8th and final meeting of the session began, one delegation and one major group announced that they would not be able to join a***

consensus, for reasons relating to sexual and reproductive health and national sovereignty.

*The Chair then suspended the meeting briefly. When it resumed, the Chair's text was
withdrawn" p. 5*

The report from the commission stated they were not able to reach a consensus for “reasons relating to sexual and reproductive health and national sovereignty”, but does not mention specific delegations.

8.4.3 50th Session 2017

Table 8: CPD 50th Session 2017 Statements

Country/Group 2017	Support of SRHR	Non-support of SRHR	No mention
United States of America		“We must also continue to invest in our health systems, to ensure we continue to address child mortality, as well as maternal mortality and morbidity . We know, particularly, the importance of reproductive health and voluntary family planning that allows couples and individuals to freely decide the number, timings and spacing of their children.” p. 1	
EU States	“Investments in sexual and reproductive health care services , including family planning, evidenced-based comprehensive sexuality education ” p. 2 “including sexual and reproductive health care services, information and counselling on modern contraception and HIV prevention, quality education” p. 3		
Poland		“ Reproductive health is a crucial element of the State health policy” p. 3	
G77 including China			X
Community of Latin American and Caribbean States (CELAC)			X

The US country statement when discussing addressing maternal mortality and morbidity does not mention access to sexual and reproductive health, but only mentions “the importance of reproductive health” thereby specifically excluding sexual health. They also do not mention CSE or any reference to sexuality education.

The EU statement reiterate the common EU position in support of SRHR, which includes CSE and access to family planning which includes modern contraceptives. This further differs from the US mentioning “family planning” and not including access to modern contraceptives.

KI2 *“Holy see are opponent, as well as Middle Eastern, African states, Latin American and Caribbean states, Russia, as well as US are opponents”*

The Statement from Community of Latin American and Caribbean States (CELAC) does not have any mention of sexual and reproductive health or comprehensive sexuality education. This finding is supported by interviews which explained that when negotiating as a group, Latin American and Caribbean states often vote for conservative language.

KI3 *“Historically, the US would not back SRHR if they could gain in another area, such as foreign occupation. This was where SRHR language was compromised. Bigger geopolitical issues lead to the US compromising on SRHR. SRHR advocates have had a blind eye to the behind the scenes geopolitical discussions.”*

“A high turnover in the negotiators are unaware of previous package deals in negotiations.”

Information on any relationship between geopolitical negotiations and SRHR was not uncovered in the literature, and it is unclear from the analysis of the documents and Country Statements if there were any side deals taking place. This insight, however, may indicate that this is an area which requires further investigation.

8.4.4 49th Session 2016

Table 9: CPD 49th Session 2016 Statements

Country/Group 2016	Support of SRHR	Non-support of SRHR	No mention
United States of America	“ advancing sexual and reproductive health and rights ” p. 2 “including access to comprehensive sexuality education ” p. 2		
EU States	“ remain committed to sexual and reproductive health and rights ” p. 4		
Poland		“ Reproductive health is a crucial element of the State health policy. Central and local government administration bodies provide citizens with a free access to methods and means of conscious procreation” p. 4	
Gulf Cooperation Council (Kingdom of Bahrain, State of Kuwait, Sultanate of Oman, State of Qatar, Kingdom of Saudi Arabia, United Arab Emirates)		“we would like to refer particularly to the phrases “early marriage” and “ sexual and reproductive rights ”. “In discussing these subjects, we reaffirm the importance of taking into consideration the national, regional, historical, cultural and religious backgrounds of state.” p.1 See full paragraph statement on the next page	
African States Group			X
G77 including China	“it remains critical for the achievement of the Sustainable Development Goals, in particular with regard to ensuring universal access to sexual and reproductive health and reproductive rights in accordance with the ICPD Programme of Action.” p. 2		

Gulf Cooperation Council Statement expanded

“We regret to see this document missing basic elements that have been always agreed upon such as the phrase “in accordance with the International Conference on Population and Development and its annexes”, which contain the reservations of participating states at that time. In the light of the above-mentioned, we would like to refer particularly to the phrases “early marriage” and “**sexual and reproductive rights**”. In discussing these subjects, we reaffirm the importance of taking into consideration the national, regional, historical, cultural and religious backgrounds of state.”

p. 1

The US, under the Obama Administration, demonstrates support for SRHR, including the necessity of adolescent access to CSE. Furthermore, the language used is ‘sexual and reproductive health and rights’ rather than separating ‘sexual and reproductive health and reproductive rights’ which excludes sexual rights.

It is interesting to see here that the G77 mentions support for SRHR in the SDG’s. This supports the findings in the literature from Yamin, 2019, that the G77 will support SRHR when development language is used.

The Gulf Cooperation Council statement supports the explanation of the interviews which said that Middle Eastern states are among the opponents of SRHR.

Poland’s reference to “conscious procreation” is a divergence from language on access to family planning and modern contraceptives, which could be seen as placing an emphasis on procreating rather than deciding whether or not to have children and if so, when and how many.

8.4.5 48th Session 2015

Table 10: CPD 48th Session 2015 Statements

Country/Group 2015	Support of SRHR	Non-support of SRHR	No mention
United States of America	“ strong support for sexual and reproductive health , including voluntary family planning, and reproductive rights ” p. 1 “We continue to focus on improving universal access to sexual and reproductive health services and promoting women’s reproductive rights.” p. 2		
G77 including China			X
Sweden	“It is crucial to offer girls comprehensive sexuality education , youth friendly services and contraceptives so that they stay in school as long as boys. Women and girls should also have the right and access to legal and safe abortions .” p. 2		
Poland		“The reproductive health is an important part of the State health policy.” p. 4 “The school teaching programmes include a subject called Education for family life .” p. 4	
Nigeria		“Maternal health, life saving commodities, mental health, and other critical health needs of populations should be given more prominence in future sessions of the CPD, and less mention should be made of issues which have not reached global consensus, such as sexuality issues.” p. 4	

From the US Country Statement we are seeing language on their “strong support” for SRH including “universal access to sexual and reproductive health services”. However, reproductive rights have been specifically separated from sexual rights.

KI3 *“We want a strong EU position to take to New York, but SRHR is a most contested issue in the EU. Poland and Hungary undermined the common EU position on SRHR negotiated in 2015. They don’t want the word ‘girls’ in CSE. The language was therefore watered down in the common EU position instead of what was wanted by Sweden, Finland and the Netherlands.”*

The Country Statements from Sweden and Poland support this comment from KI3. The Country Statement from Sweden demonstrates their support for CSE, contraception, and safe and legal abortion. Sweden was also sure to include that safe and legal abortion should be available to both women and girls.

Poland mentions a teaching programme called “Education for family life”, rather than CSE, supporting the evidence in the literature demonstrating Poland’s emphasis on family values.

The Country Statement from Nigeria mentioning ‘maternal health’ refers back to MDG language which first only recognized maternal health, and years later reproductive health, but not sexual and reproductive health. They further indicate that “sexuality issues” should be given “less mention”.

8.4.6 47th Session 2014

Country statements not available

9 DISCUSSION

In this chapter, I will discuss the key findings of the study, how the results tie in with the existing literature, critically assess the strengths and weaknesses of the study, and how the study contributes to future research.

The aim of the study was to determine whether the language related to SRHR is changing in the UN documents, and what those changes are. Through the review of the literature, key themes were identified from Allred & David (2007), Defago et al. (2014), Nowicka (2011), Pizzarossa (2018) and Thanenthiran (2014) which indicated the most contested areas relate to CSE and abortion rights. These areas became the main focus of the document review. Further sub-themes emerged on access to modern contraception and adolescent pregnancy prevention in the CSW documents, which were included in the CSW table. The findings support the studies from Bijelic & Hodzic (2014), Crane (2005), and Pizzarossa (2018) which highlighted a systematic global opposition to CSE and abortion. What the review of the country statements has highlighted, however, is that even the words ‘sexual and reproductive health’ are being argued. This was further supported by key informant interviews, who were able to confirm the findings of the literature and document review.

By analyzing the CPD country/group statements, this provides a unique perspective of the current opposition and adds to the literature by providing supportive evidence to show the current language which is under threat and how this has gone from CSE and abortion to any mention of SRHR. As stated by Thanenthiran (2014) “what constitutes SRHR differs by nation states”. Yet studies from Horton and Zuccala (2018), Espey et al. (2018), and Miller et al. (2015) demonstrate the importance of international policies on SRHR to provide a robust framework for countries to provide comprehensive evidence-based SRH service packages that save the lives of women and children, with the allowance of national sovereignty clauses for where certain services, such as abortion, are illegal.

The challenges to an agreed language, as demonstrated in the literature by Paternotte and Kuhar (2018), and confirmed by the key informant interviews, appear from a systematic conservative opposition to roll back the language on SRHR. This has been demonstrated in the document review from the complete removal of abortion from the CSW, and the changing CSE language placing an

emphasis on the role of families and removing the word ‘sexuality’ from comprehensive sexuality education.

9.1 Comprehensive Sexuality Education Minus Sexuality

Evidenced in the document review was the moving of the double parent language on CSE from the CSW to the general assembly, but not yet the human rights council, and was discussed by Key Informants 2 and 5 as demonstrating an infiltration and continued attempt to insert conservative, family-based language across UN bodies. This was discussed by Lemon (2018) as promoting abstinence-only education and opposing information and rights outside a heteronormative marriage.

Wording from the US 2018 CPD country statement in relation to CSE said “We do not understand this term to include the promotion of abortion and educational strategies that may increase sexual risk for youth” and further signifying that we are seeing extended removal of language in the CSW which also includes removing “prevention programmes for adolescent pregnancy”.

The difficulty with implementing CSE language is that there has was no specific language on CSE in the initial ICPD and Beijing documents, and therefore, despite the UNESCO International Technical Guidelines, there continues to be opposition from conservative groups on implementing this language into the General Assembly resolutions and CSW. The Human Rights Council resolutions, which contain rights-based language, has more space for the implementation of this language, as well as the absence of some conservative groups who, as evidenced in the literature, would vote against it.

Despite the statement from the EU States supporting SRHR to include CSE at the CPD, Poland has always entered their own statement specifying their support for reproductive health while notably leaving out internationally agreed language on sexual and reproductive health, as well as promoting education on family values and not CSE. This is supported by Vida (2019) who demonstrated that countries such as Poland and Hungary are becoming more vocal on their position against SRHR, and explained by Franklin and Ginsberg (2019) that it is seen as part of the threat of so-called “gender-ideology” to their national sovereignty and values. Interviewee KI

6 explained that countries were usually happy to agree on SRHR due to the sovereignty clauses that did not interfere with national laws, however, the rise of right-wing nationalist parties within the EU is creating a struggle to reach a common EU position which supported the agreed language in the ICPD and Beijing documents. This study does not, however, provide an analysis of the opposition movements within the EU which threaten the EU position and therefore is something which requires further investigation.

9.2 Vanishing Abortion Rights

Abortion has been completely omitted from the CSW, including the provision of services for dealing with unsafe abortion, but not at the time of writing from the resolutions. Qualifying language on abortion, including sovereignty clauses stating that where abortion is legal it should be safe, have too disappeared from the CSW, marking a roll back from the ICPD and Beijing commitments. The CPD country statements show a pervasive opposition to the provision of abortion services. The results of the analysis of the CSW documents and CPD statements confirm the article by Pizzarossa (2018) that the space for discussing abortion rights is getting smaller, and this thesis has shown that in fact any mention of abortion is disappearing completely from the CSW. This is despite studies from Bendavid et al. (2011) and Brooks et al. (2019) that shows where abortion is illegal, the rates of abortion are greater, and where there is limited access to SRH services the rates of unsafe abortion increase. The literature further suggests that arguments surrounding abortion are political, and as outlined by Kumar (2018), have been used as vote winning tools by conservative parties. Abortion language is still present in the Human Rights Council, which mentions “safe abortion where such services are permitted by national law” (A/HRC/RES/32/4, p 3) as the HRC holds the space for rights-based language.

The removal of “modern contraception” and “emergency contraception” which has been replaced with “family planning”. This is significant because, as explained by Key Informants 1 and 7, allows countries to push natural methods of family planning and abstinence only to prevent unwanted pregnancy where countries believe that contraceptives are abortifacient.

9.3 Unholy Alliances

Eager (2004) has documented the conservative mobilizing and formation of the unholy alliances during the initial Cairo ICPD and the struggle for the recognition of reproductive rights. Behind the scenes lobbying from conservative groups has led to some states to compromise on certain aspects of SRHR, such as Baisley (2016) pointed out, the agreement of reproductive rights but not sexual rights. To date, sexual rights have still not gained recognition in SRHR resolutions. The analysis of the CPD country statements support the findings from the literature by Yamin (2019) showing that the Arab States group continues to omit any mention of support for SRH in their country statements, as well as CELAC, and is only mentioned by the G77 group when development language is used.

This study demonstrates that the unholy alliances are still active, and opposition has been strengthened since 2017 which coincided with a new Republican presidency in the US. The US, being the largest donor of global health aid, continues to be an actor with the ability to have a dramatic effect on the SRHR agenda. The language in the CPD country statements differs markedly between the Democratic Obama and the Republican Trump Administrations, and the US country statements showed a change in support for SRHR which was not evidenced in the other country/group statements. Under the Obama Administration, the 2015 country statement indicated their “strong support for sexual and reproductive health [...] and reproductive rights” (p. 1). This is compared to language under the Trump Administration in 2018 which stressed that they are “unable to accept the Chair’s text due to the multiple, “unqualified” references to sexual and reproductive health” (p. 1). The support for sexuality education changed under the different administrations, from the 2016 Obama Administration where they stated that “adolescents need access to information and health care, including access to comprehensive sexuality education” (p. 2). This changed in 2018 under the Trump Administration, where the US stated in regards to ‘sexual and reproductive health’ that they “do not understand this term to include the promotion of abortion and educational strategies that may increase sexual risk for youth” (p. 1).

With the Mexico City Policy, Brooks et al. (2019) and Crane (2005) have shown that SRHR has become a partisan issue, and domestic politics on abortion reflect strongly in US foreign policy having an impact on the international agenda setting on SRHR. The swinging of the Mexico City Policy from being rescinded to reimplemented when a Democratic and Republican Administration

respectively is in power dramatically shapes the SRHR landscape from the withdrawal of funding from the UNFPA, to the clauses which restrict the use of funds for the provision of abortion services, even where they are permitted by law. The expansion of the Mexico City Policy under the Trump Administration to restrict funding to organizations which refer to another provider for abortion or provide any mention at all of abortion attempts to silence any mention of abortion internationally. This was taken a step further as Gramer and Lynch (2019) revealed the omission of ‘sexual and reproductive health’ from the latest UN security council resolution on preventing sexual violence in conflict was due to the concern from the US that ‘sexual and reproductive health’ implied abortion. The language in the country statements from the US strongly demonstrates the changing position of the US under the Republican Administration and how this is affecting the SRHR agenda by omitting previously agreed to SRHR language. Their use of the veto power in the security council has demonstrated the ability to silence any mention of SRHR at all. This is despite both the ICPD and Beijing documents including sovereignty clauses that state “In circumstances where abortion is not against the law, such abortion should be safe” and also reiterate that “In no case should abortion be promoted as a method of family planning” (UN International Conference on Population Development, 1994, p. 58-59).

As Key Informant 2 explained, the training of diplomats from conservative groups on how to counter SRHR language has infiltrated UN negotiations and creates huge challenges in the agreement of the language on SRHR. The literature points to a broader power structure of Evangelical Christian groups in the US which aim to influence not only domestic politics on SRHR, but also the influence the formation of alliances across countries and religions at the UN who are aligning to reject language relating to gender and rights. This supports Joachims (2007) argument that the global anti-SRHR movements are part of a larger network of groups aiming to expand and maintain power through powerful political mobilizing structures. However, the extent to which this larger network of groups is mobilizing requires further study.

9.4 Limitations

The scope of this research was limited to uncovering the lobbying which is taking place at the UN level, but does not provide an in-depth analysis of how it is happening. Whilst providing a mapping

of who the actors are who oppose SRHR and uncovering the unholy alliances which are taking place at the UN negotiations, what the document analysis does not show is the lobbying behind each country's position on SRHR at the country level which requires further study. A full analysis of the current agenda cannot be performed without studying the NGO's efforts and their lobbying and framing strategies, and this is something which requires further investigation, such as the side events held at the UN negotiations which provide lobbying opportunities.

The language on CSE was shown to have changed to commit the word sexuality and placed an increasing emphasis on the role of families in the General Assembly and CSW, but CSE remained present in the HRC. Information from interviewees suggested there was a divergence of the HRC from the GA once the US left and that the proceeding HRC resolution on maternal mortality and morbidity contained stronger language on favor of SRHR. However, whether this was due to the US leaving was not evidenced in the document analysis or literature and as such, the effect of the US leaving the HRC and any resulting changes in the language would require further investigation.

This study did not assess LGBTQI+ rights or gender identity rights as this would have broadened the scope beyond that of this master's thesis, and the impact on these rights is worthy of a study in itself. SRHR policies also cover access maternal health services, and access to services in times of conflict or humanitarian disasters. These were again limited not only due to the scope of the thesis, but also because I decided to focus on the most contended issues of SRH policies which are CSE, abortion. Language on access to modern contraceptives was only explored as a sub-theme and should be studied further.

Given the politicized nature of the topic, the structure of the health policy framework, in particular the document analysis, aimed to minimize personal bias. When performing interviews, interviewee bias cannot be explicitly excluded, however, the questions were designed to confirm and explain the findings of the document analysis rather than provide personal opinions.

The study further did not assess any changes in the language during the time of the Bush Administration from 2001-2009 when the Mexico City Policy was also implemented, as the purpose of the study was to determine the most recent changes in the language and how the broadening of the most recent implementation of the Mexico City Policy under the Trump Administration has impacted the current agenda setting.

10 CONCLUSION

By reviewing the latest UN resolutions on SRHR and the CSW outcome documents, this study not only provides an analysis but also brings new insights to the research on the current SRHR agenda. To date, the literature demonstrates the challenge to an agreed language by providing information on who the actors are historically who wish to restrict the language on SRHR are, but studies have not shown an analysis of how this is being reflected in the current UN resolutions and outcome documents from the CSW. They also do not show the latest arguments to keeping SRHR out of the documents and how these have changed depending on who is in government. This study therefore provides the first empirical evidence to show the disappearance of the language on abortion and CSE from the UN resolutions and CSW outcome documents. It has further revealed the attempt by foreign governments and non-state actors to influence SRH policy in different countries both through lobbying tactics at the negotiations, and by attempting to censor language and services through the reimplementation and expansion of the Mexico City Policy.

An analysis of the CPD country statements demonstrates the strong opposition to SRHR by the current US Administration, and a rejection of SRHR language and instead towards a focus on maternal and child health. This is important due to the US financing for global health assistance.

What constitutes SRH services differs between states and continues to be contended as to meaning abortion despite the presence of sovereignty clauses and existing agreement in the original documents that abortion is not to be used as a method of family planning. Sexual rights have still not reached a consensus and are unlikely to in the current political environment.

Overall, this study shows that the gains in the recognition of SRHR in the ICPD and Beijing commitments are not safe from the relentless opposition. Policy making at the UN level is subject to the international political environment at the time, which can therefore be unreliable. This suggests that governments cannot be relied upon for providing full universal access to SRH services. In light of the demonstrated lack of political will in meeting the commitments of the ICPD and SDG's for the agenda 2030, the work of NGO's in providing SRH services becomes increasingly more important, as well as funding sources which do not rely upon governments which support wavers. The difficulty going forward will therefore include obtaining reliable and sustainable funding sources for the provision of SRH services.

By mapping the actors and reviewing the changing language in the documents, this study may be useful to academics who are researching the current agenda setting on SRHR and the effects of the current conservative opposition tactics. The framework analysis used could also be applied to analyze other potential language changes, such as that relating to gender-based violence and LGBTQI+ rights. Advocates may also find these insights useful in putting together strategies to counter the opposition of SRHR.

11 SUGGESTIONS FOR FUTURE RESEARCH

The findings from the literature and document review would suggest a broader analysis could be undertaken on the emergence of language related to family values in SRHR policies. LGBTQI+ and disability rights were not covered in this study but also face opposition in relation to the recognition of their SRHR.

An increase in right-wing populist governments in the EU are challenging the common EU position on SRHR, and further investigation could look to uncover the lobbying of political groups and their international support structures. This could support a further in-depth regional analysis of conservative movements.

In light of the reinstatement of the Mexico City Policy, research could look at what private entities are doing to make up for the rescinding of funding, in order to enable NGO's to independently continue to provide services where they are not subject to global politics.

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13 ANNEXES

Annex 1: 1994 International Conference on Population Development Programme of Action

Programme of Action of the International Conference on Population Development, Cairo, September 1994, available from: https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf

Sexual and Reproductive Health and Reproductive Rights

“7.2. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.” p. 59

“7.3. Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.” p. 60

“7.6. All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes.” p. 61

Adolescents

“7.45. Recognizing the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters, countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. In doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs. In this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents.” p. 75

“7.46. Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.” p. 76

“7.47. Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family-planning information, counselling and services, and those who become pregnant will require special support from their families and community during pregnancy and early child care. Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.” p. 76

Abortion

“8.25. In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion 20/ as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions.” p. 89

“12.17. Since unsafe abortion is a major threat to the health and lives of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted, as well as research on treatment of complications of abortions and post-abortion care” p. 137

Annex 2: 1995 Fourth World Conference on Women, Beijing Declaration and Platform for Action

Beijing Declaration and Platform for Action, Beijing, September 1995, available from: https://www.unwomen.org/-/media/headquarters/attachments/sections/csw/pfa_e_final_web.pdf?la=en&vs=800

Sexual and Reproductive Health and Reproductive Rights

“94. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.” p. 57

“95. Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus

documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.” p. 57-58

“96. The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.” p. 58

Abortion

“(k) In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, which states: "In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion 16/ as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions", consider reviewing laws containing punitive measures against women who have undergone illegal abortions.” p. 64

Adolescents

“(e) Prepare and disseminate accessible information, through public health campaigns, the media, reliable counselling and the education system, designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women; ensure that in all actions concerning children, the best interests of the child are a primary consideration;” p. 67-68

“(f) Create and support programmes in the educational system, in the workplace and in the community to make opportunities to participate in sport, physical activity and recreation available to girls and women of all ages on the same basis as they are made available to men and boys;” p. 68

“(g) Recognize the specific needs of adolescents and implement specific appropriate programmes, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the responsibilities, rights and duties of parents as stated in paragraph 107 (e) above” p. 68

Annex 3: Commission on the Status of Women

2014

2014 Commission on the Status of Women, March 2014, available from:

<https://www.unwomen.org/->

[/media/headquarters/attachments/sections/csw/58/csw58_agreed_conclusions.pdf?la=en&vs=1525](https://www.unwomen.org/-/media/headquarters/attachments/sections/csw/58/csw58_agreed_conclusions.pdf?la=en&vs=1525)

“Ensure the promotion and protection of the human rights of all women and their sexual and reproductive health, and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks and the strengthening of health systems that make universally accessible and available quality comprehensive sexual and reproductive health-care services, commodities, information and education, including, inter alia, safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care such as skilled birth attendance and emergency obstetric care, which will reduce obstetric fistula and other complications of pregnancy and delivery, safe abortion where such services are permitted by national law, and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, recognizing that human rights include the right to have control over and decide freely

and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence” p. 11

2016

2016 Commission on the Status of Women, March 2016, available from:

<https://www.unwomen.org/-/media/headquarters/attachments/sections/csw/60/csw60%20agreed%20conclusions%20conclusions%20en.pdf?la=en&vs=4409>

“Ensure the promotion and protection of the human rights of all women and their sexual and reproductive health, and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks and the strengthening of health systems that make universally accessible and available quality comprehensive sexual and reproductive health-care services, commodities, information and education, including, inter alia, safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care such as skilled birth attendance and emergency obstetric care which will reduce obstetric fistula and other complications of pregnancy and delivery, safe abortion where such services are permitted by national law, and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV, and reproductive cancers, recognizing that human rights include the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence” p. 8

2017

2017 Commission on the Status of Women, March 2017, available from:

<https://www.unwomen.org/-/media/headquarters/attachments/sections/csw/61/csw-conclusions-61-web.pdf?la=en&vs=5452>

“Ensure universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, including universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and recognizing that the human rights of women include their right to have control over and decide freely and responsibly on all matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, as a contribution to the fulfilment of their economic rights, independence and empowerment” p. 11

2018

2018 Commission on the Status of Women, March 2018, available from:

<https://www.unwomen.org/-/media/headquarters/attachments/sections/csw/62/csw-conclusions-62-en.pdf?la=en&vs=4713>

“Develop policies and programmes with the support, where appropriate, of international organizations, civil society and non-governmental organizations, giving priority to formal, informal and non-formal education programmes, including scientifically accurate and age-appropriate comprehensive education that is relevant to cultural contexts, that provides adolescent girls and boys and young women and men in and out of school, consistent with their evolving capacities, and with appropriate direction and guidance from parents and legal guardians, with the best interests of the child as their basic concern, information on sexual and reproductive health and HIV prevention, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and foster informed decision-making, communication and risk-reduction skills and to develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to, inter alia, enable them to protect themselves from HIV infection and other risk.” p. 15

2019

2019 Commission on the Status of Women, March 2019, available from:

<https://undocs.org/en/E/CN.6/2019/L.3>

“Develop policies and programmes with the support, where appropriate, of international organizations, civil society and non-governmental organizations, giving priority to formal, informal and non-formal education programmes, including scientifically accurate and age-appropriate comprehensive education that is relevant to cultural contexts, that provides adolescent girls and boys and young women and men in and out of school, consistent with their evolving capacities, and with appropriate direction and guidance from parents and legal guardians, with the best interests of the child as their basic concern, information on sexual and reproductive health and HIV prevention, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and foster informed decision-making, communication and risk-reduction skills and to develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to, inter alia, enable them to protect themselves from HIV infection and other risks.” p. 18

Annex 4: Comprehensive Sexuality Education Table Human Rights Council Sections

2015

Twenty-ninth session, Agenda item 3, 29/14, *Accelerating efforts to eliminate all forms of violence against women: eliminating domestic violence*, A/HRC/RES/29/14 (2 July 2015), available from: <https://undocs.org/en/A/HRC/RES/29/14>

“Taking measures to empower women by, inter alia, strengthening their economic autonomy and ensuring their full and equal participation in society and in decision-making processes by adopting and implementing social and economic policies that guarantee women full and equal access to quality education, including comprehensive sexuality education,¹ and training and affordable and adequate public and social services, as well as full and equal access to financial resources and decent work, and full and equal rights to own and have access to and control over land and other property, and guaranteeing women’s and girls’ inheritance rights. Note: 1 The UNESCO International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators (2009) defines “sexuality education” as an age appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic and non-judgemental information. Sexuality education provides opportunities to explore one’s own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality.” p. 4

2016

Thirty-second session, Agenda item 3, 32/4, *Elimination of discrimination against women*, A/HRC/RES/32/4 (30 June 2016), available from: <https://undocs.org/en/A/HRC/RES/32/4>

“12. Further urges States to ensure equal access to and equal treatment of women and men in education and health care, and to enhance women’s sexual and reproductive health as well as education, including by, inter alia, training health providers and other health-care workers on gender equality and non-discrimination, respect for women’s rights and dignity, in lifesaving obstetric care and when giving birth, especially midwives and auxiliary nurses, ensuring the affordability of medicines and treatments, avoiding the overmedicalization of women’s health, acknowledging alternative medicine, abolishing discriminatory practices that hinder women’s access to health services, and providing age appropriate, sexual health information, education and counselling, based on scientific evidence and human rights, for women, girls, men and boys.” p. 3

2017

Thirty-fifth session, Agenda item 3, 35/10, *Accelerating efforts to eliminate violence against women: engaging men and boys in preventing and responding to violence against all women and girls*, A/HRC/RES/35/10 (22 June 2017), available from: <https://undocs.org/en/A/HRC/RES/35/10>

“Developing and implementing educational programmes and teaching materials, including comprehensive sexuality education, based on full and accurate information, for all adolescents

and youth, in a manner consistent with their evolving capacities, with appropriate direction and guidance from parents and legal guardians, with the active involvement of all relevant stakeholders, in order to modify the social and cultural patterns of conduct of men and women of all ages, to eliminate prejudices and to promote and build decision-making, communication and risk reduction skills for the development of respectful relationships based on gender equality and human rights, as well as teacher education and training programmes for both formal and non-formal education.” p. 5

2018

Thirty-eighth session, Resolutions 38/5, *Accelerating efforts to eliminate violence against women and girls: preventing and responding to violence against women and girls in digital contexts*, A/HRC/38/L.6 (July 2018), available from: <https://undocs.org/en/A/HRC/38/L.6>

“Developing and implementing educational programmes and teaching materials, including comprehensive sexuality education, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities, with their meaningful participation, with appropriate direction and guidance from parents and legal guardians, and with the active involvement of all relevant stakeholders, in order to empower them to safely use and navigate digital technologies, to modify the social and cultural patterns of conduct of men and women of all ages, to eliminate prejudices and to promote and build decision-making, communication and risk reduction skills for the development of respectful relationships based on gender equality and human rights, as well as teacher education and training programmes for both formal and non-formal education;” p. 5

Annex 5: Comprehensive Sexuality Education Table General Assembly Sections

2014

Sixty-ninth session, Agenda item 27 (a), 69/147, *Intensification of efforts to eliminate all forms of violence against women and girls*, A/RES/69/147 (18 December 2014), available from: <https://undocs.org/en/A/RES/69/147>

“Ensuring the promotion and protection of the human rights of all women and their sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development,³⁸ the Beijing Platform for Action³⁹ and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks and the strengthening of health systems that make universally accessible and available quality comprehensive sexual and reproductive health-care services, commodities, information and education, including safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care such as skilled birth attendance and emergency obstetric care, which will reduce obstetric fistula and other complications of pregnancy and delivery, safe abortion where such services are permitted by national law and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers,

recognizing that human rights include the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence” p. 11

2015

Seventieth session, Agenda item, 68(a), 70/137, *Rights of the child*, A/RES/70/137 (17 December 2015), available from: <https://undocs.org/en/A/RES/70/137>

“To develop and implement educational programmes and teaching materials, including comprehensive evidence-based education on human sexuality, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities, with appropriate direction and guidance from parents and legal guardians, with the active involvement of all relevant stakeholders, in order to modify the social and cultural patterns of conduct of men and women of all ages, to eliminate prejudices and to promote and build decisionmaking, communication and risk reduction skills for the development of respectful relationships based on gender equality and human rights, as well as teacher education and training programmes for both formal and non-formal education.” p. 15

2016

Seventy-first session, Agenda item 27, 71/170, *Intensification of efforts to prevent and eliminate all forms of violence against women and girls: domestic violence*, A/RES/71/170 (19 December 2016), available from: <https://undocs.org/en/A/RES/71/170>

“(F) Committing themselves to accelerate efforts to scale up scientifically accurate age-appropriate comprehensive education that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young people, parents, legal guardians, caregivers, educators and health-care providers, in order to end domestic violence” p. 9

2017

Seventy-second session, Agenda item 27 (b), 72/146, *Policies and programmes involving youth*, A/RES/72/146 (19 December 2017), available from: <https://undocs.org/en/A/RES/72/146>

“Calls upon Member States to accelerate efforts to scale up scientifically accurate age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health, gender equality and the empowerment of women, human rights, physical, psychological and pubertal development, and power in relationships between women and men, to enable them to build self-esteem and informed decision-making, communication and risk reduction skills and to develop respectful

relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers” p. 4

2018

Seventy-third session, Agenda item 29, 73/148, *Intensification of efforts to prevent and eliminate all forms of violence against women and girls: sexual harassment*, A/RES/73/148 (17 December 2018), available from: <https://undocs.org/en/A/RES/73/148>

“(d) Developing policies and programmes with the support, where appropriate, of international organizations, civil society and non-governmental organizations, giving priority to formal, informal and non-formal education programmes, including scientifically accurate and age-appropriate comprehensive education that is relevant to cultural contexts, that provides adolescent girls and boys and young women and men in and out of school, consistent with their evolving capacities, and with appropriate direction and guidance from parents and legal guardians, with the best interests of the child as their basic concern, information on sexual and reproductive health and HIV prevention, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and foster informed decision-making, communication and risk-reduction skills and to develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to, inter alia, enable them to protect themselves from HIV infection and other risks” P. 5

Annex 6: Abortion Table Human Rights Council Sections

2015

Twenty-ninth session, Agenda item 3, 29/14, *Accelerating efforts to eliminate all forms of violence against women: eliminating domestic violence*, A/HRC/RES/29/14 (2 July 2015), available from: <https://undocs.org/en/A/HRC/RES/29/14>

“Also urges States to ensure the promotion and protection of the human rights of all women and their sexual and reproductive health and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks and the strengthening of health systems that make universally accessible and available quality, comprehensive sexual and reproductive health-care services, commodities, information and education, including, inter alia, safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care, such as skilled birth attendance and emergency obstetric care, which will reduce obstetric fistula and other complications of pregnancy and delivery, safe abortion where such services are permitted by national law, and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, recognizing that human rights include the right to have control over

and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence” p. 6

2016

Thirty-second session, Agenda item 3, 32/4, *Elimination of discrimination against women*, A/HRC/RES/32/4 (30 June 2016), available from: <https://undocs.org/en/A/HRC/RES/32/4>

“Also urges States to ensure the promotion and protection of the human rights of all women and their sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks, and to strengthen health systems that make quality comprehensive sexual and reproductive health-care services, commodities, information and education universally accessible and available, including, inter alia, safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care, such as skilled birth attendance and emergency obstetric care, which will reduce obstetric fistula and other complications of pregnancy and delivery, and safe abortion where such services are permitted by national law, and the prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, while recognizing that human rights include the right to have control over and to decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence;” p. 3

2017

Thirty-fifth session, Agenda item 3, 35/18, *Elimination of discrimination against women and girls*, A/HRC/RES/35/18 (22 June 2017), available from: <https://undocs.org/en/A/HRC/RES/35/18>

“Urges States to ensure the promotion, protection and the fulfilment of all human rights and the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and the outcome documents of their review conferences and of sexual and reproductive health and reproductive rights in this context, and to promote, protect and fulfil the right of all women to have full control over and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence, including through the removal of legal barriers and the development and enforcement of policies, good practices and legal frameworks that respect the right to decide autonomously in matters regarding their own lives and health, including their bodies, and to ensure universal access to sexual and reproductive health, services, information and education, including for family planning, safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care, such as skilled birth attendance and emergency obstetric care, safe abortion where not against national law and the prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers and the integration of sexual and reproductive health into national strategies and programmes” p. 6

2018

Thirty-ninth session, Agenda item 3, 39/10, *Preventable maternal mortality and morbidity and human rights in humanitarian settings*, A/HRC/RES/39/10 (27 September 2018), available from: <https://undocs.org/en/A/HRC/RES/39/10>

“Urges all States to eliminate preventable maternal mortality and to respect, protect and fulfil sexual and reproductive health and reproductive rights, in accordance with the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and their review conference and outcome documents, and the right to have full control over and decide freely and responsibly on all matters relating to sexuality and sexual and reproductive health, free from discrimination, coercion and violence, including through the removal of legal barriers and the development and enforcement of policies, good practices and legal frameworks that respect bodily autonomy and guarantee universal access to sexual and reproductive health-care services, evidence-based information and education within a human rights-based approach, including for family planning, safe and effective methods of modern contraception, emergency contraception, universal access to health care, including quality maternal health care, such as skilled birth attendance and emergency obstetric care, safe abortion in accordance with international human rights law and where not against national law, the prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, and the integration of sexual and reproductive health into national health strategies and programmes for all women and girls, including adolescents” p. 4

Annex 7: Abortion Table General Assembly Sections

2014

Sixty-ninth session, Agenda item 27 (a), 69/147, *Intensification of efforts to eliminate all forms of violence against women and girls*, A/RES/69/147 (18 December 2014), available from <https://undocs.org/en/A/RES/69/147>

“Ensuring the promotion and protection of the human rights of all women and their sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development,³⁸ the Beijing Platform for Action³⁹ and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks and the strengthening of health systems that make universally accessible and available quality comprehensive sexual and reproductive health-care services, commodities, information and education, including safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care such as skilled birth attendance and emergency obstetric care, which will reduce obstetric fistula and other complications of pregnancy and delivery, safe abortion where such services are permitted by national law and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, recognizing that human rights include the right to have control over and decide freely and

responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence” p. 11

2016

Seventy-first session, Agenda item 27, 71/170, *Intensification of efforts to prevent and eliminate all forms of violence against women and girls: domestic violence*, A/RES/71/170 (19 December 2016), available from: <https://undocs.org/en/A/RES/71/170>

“Ensuring the promotion and protection of the human rights of all women and their sexual and reproductive health, and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development,⁹ the Beijing Platform for Action⁸ and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks and the strengthening of health systems that make universally accessible and available quality, comprehensive sexual and reproductive health-care services, commodities, information and education, including safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care such as skilled birth attendance and emergency obstetric care, which will reduce obstetric fistula and other complications of pregnancy and delivery, safe abortion where such services are permitted by national law, and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, recognizing that human rights include the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence.” p. 8

2018

Seventy-third session, Agenda item 29, 73/148, *Intensification of efforts to prevent and eliminate all forms of violence against women and girls: sexual harassment*, A/RES/73/148 (17 December 2018), available from: <https://undocs.org/en/A/RES/73/148>

“Urges States to ensure the promotion and protection of the human rights of all women and their sexual and reproductive health, and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development,¹² the Beijing Platform for Action¹¹ and the outcome documents of their review conferences, including through the development and enforcement of policies and legal frameworks and the strengthening of health systems that make universally accessible and available quality, comprehensive sexual and reproductive health-care services, commodities, information and education, including safe and effective methods of modern contraception, emergency contraception, prevention programmes for adolescent pregnancy, maternal health care such as skilled birth attendance and emergency obstetric care, which will reduce obstetric fistula and other complications of pregnancy and delivery, safe abortion where such services are permitted by national law, and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, recognizing that human rights include the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence” p. 7

Annex 8: Commission on Population and Development Country Statements

2019

USA, April 2019, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2019/country/AgendaItem3/usa_en.pdf

“The United States is the largest bilateral donor of foreign assistance to many programs that support the objectives set forth in the 1994 Programme of Action. We are proud of our contributions to expanding access to basic health care and promoting women’s health, including efforts to improve maternal and child health.” p. 1

“We continue to insist that references to “sexual and reproductive health services” in the ICPD Programme of Action not include abortion or the promotion of abortion as a method of family planning.” p. 2

EU, April 2019, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2019/country/AgendaItem3/romania-eu_en.pdf

“The EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the ICPD and the outcomes of their review conferences and remains committed to sexual and reproductive health and rights (SRHR), in this context.” p. 2

“Having that in mind, the EU reaffirms its commitment to the promotion, protection and fulfilment of the right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence. The EU further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sexuality education, and health-care services. This position is also reflected in the European Consensus on Development (a framework for action for development cooperation for the EU and its Member States).” p. 3

Poland, April 2019, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2019/country/AgendaItem3/poland_en.pdf

“The Constitution of the Republic of Poland ensures special protection by the State over pregnant women. Reproductive health is a crucial element of the State health policy.” p. 2

“One of the most important subject areas of the current government's action is family policy. Our flagship programme is “Family 500+” programme - the basic instrument for improving the dignity of Polish families. The Family 500+ Programme (i.e. the child care benefit) is an innovative, systematic, long-term support for families in Poland, that came into force on April 1st, 2016. It aims at improving the financial situation of families and creating conditions to facilitate the decisions on family growth.” p. 6

G77 including China, April 2019, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2019/country/AgendaItem3/palestine-g77-china_en.pdf

“The Group calls for increased efforts to be exerted for a more inclusive process in order to accomplish the bold vision articulated in the ICPD program of action and the 2030 Agenda. Some of those shared objectives and responsibilities include efforts to promote the dignity and human rights of all persons; reduce poverty; assure stronger health systems; ensure universal access to sexual and reproductive health care services; promote gender equality and the empowerment of women and girls; promote sustainable cities and balanced rural and urban development; promote the rights and opportunities of young people and older persons in education and decent work; redress inequality and discrimination; protect the human rights of migrants, refugees and displaced persons; promote sustainable development and address the risks of climate change, among other domains.” p. 2

2018

USA, April 2018, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2018/country/closing/en_usa.pdf

“The United States is unable to accept the Chair’s text due to the multiple, “unqualified” references to sexual and reproductive health. In addition, the proposed language on policy space does not reaffirm the sovereign right of nations and is also not acceptable. To be clear, as we have said throughout our negotiations, my delegation has consistently called for the removal or change of all unqualified language on sexual and reproductive health and inclusion of a true sovereignty clause.” p. 1

“Recognizing that nearly half of the world’s migrants are women, the United States is committed to addressing the unique needs of displaced and migrant women and girls. We fully support the principle of informed voluntary choice regarding maternal and child health and family planning. However, the terms “sexual and reproductive health” and “reproductive rights” are open to many interpretations. As we have stated clearly, and on many occasions, consistent with the ICPD Program of Action, the United States does not recognize abortion as a method of family planning, nor do we support abortion in our reproductive health assistance. We do not understand this term to include the promotion of abortion and educational strategies that may

increase sexual risk for youth. We strongly support health care services, which empower adolescents to avoid sexual risks, prevent early pregnancy and sexually transmitted disease, thereby improving their opportunity to thrive into adulthood.” p. 1

Joint Statement, April 2018, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2018/country/closing/en_t_unisia.pdf

“We back up this commitment through our policies in our own countries and through our support to sustainable development efforts abroad. We firmly believe that the full realization of all human rights for all including sexual and reproductive health and rights, achieving gender equality and the empowerment of women and girls are essential for addressing sustainable cities, human mobility and international migration, and in general for eradicating poverty and achieving sustainable development for all.” p. 1

“Mr. Chair, the countries listed on this statement will do everything in their power to make these principles a reality for all in every region of this world. Together we must do everything in our power to protect young people and adolescents’ rights, help them realize their full potential and develop into healthy, educated adults. For this reason, we believe that young people and adolescents should have access to comprehensive sexuality education in order to understand and make informed decisions on matters relating to their bodies and sexualities, to protect themselves from sexually transmissible infections and unintended pregnancies and to contribute to sustainable development.” p. 1

“Mister Chair, our experience is that ensuring all individual’s full enjoyment of SRHR is not only the right thing it is also the smart thing to do. Access to SRHR is inseparably linked to gender equality, women’s and girls’ economic empowerment, poverty reduction and sustainable development. Ensuring SRHR for all will have a direct impact on the possibilities of achieving many of the targets in the 2030 Agenda.” p. 1

“Our group notes with concern the lack of reference to sexual and reproductive health and rights, which are at the heart of sustainable development. When individuals can control their choices and be safe and healthy in their sexual and reproductive lives, they are better able to participate in education and the labor market, to care for their families, and have more capacity to contribute to their communities and social life. It is therefore an imperative that women and girls, particularly adolescents, have full access to sexual and reproductive health and rights” p. 2

Commission on Population and Development, Report on the fifty-first session, April 2018, available from: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N18/127/89/PDF/N1812789.pdf?OpenElement>

“The Commission did not reach consensus on the resolution on the special theme, notwithstanding the substantial progress made by the facilitator, Zandile Bhengu (South Africa),

in forging agreement among delegations on key topics, and the efforts of the Chair, the Ambassador of Romania, Ion Jinga, to craft a Chair's text that would strike a compromise between competing points of view. The Chair's text was distributed at the 8th meeting, on Friday, 13 April, in the early afternoon. When the 8th and final meeting of the session began, one delegation and one major group announced that they would not be able to join a consensus, for reasons relating to sexual and reproductive health and national sovereignty. The Chair then suspended the meeting briefly. When it resumed, the Chair's text was withdrawn." p. 5

2017

USA, April 2017, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2017/country/AgendaItem3/usa_en.pdf

"We must work with policy-makers, civil society, and international organizations to enable all countries to fully develop their human resources and human potential. A demographic transition requires policies that promote not only job creation, but also girls' education and women's empowerment. We must also continue to invest in our health systems, to ensure we continue to address child mortality, as well as maternal mortality and morbidity. We know, particularly, the importance of reproductive health and voluntary family planning that allows couples and individuals to freely decide the number, timings and spacing of their children. These policies can turn a demographic transition into a demographic dividend, which in turn countries must take advantage of to boost the numbers of workers relative to dependents, creating higher rates of productivity and GDP per person. This allows for greater investment in core services to benefit entire populations and improve everyone's lives. And of course, this increase subsequently allows countries to become more secure, more stable and more prosperous." p. 1

EU, April 2017, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2017/country/AgendaItem3/malta-eu_en.pdf

"We regret to see that only very few recommendations from the Secretary General's report E/CN.9/2017/3 found their way into the zero draft. Investments in sexual and reproductive health care services, including family planning, evidenced-based comprehensive sexuality education, and putting in place laws and policies on violence and discrimination are crucial elements for the realization of human rights for everyone and for governments to capitalize on the demographic dividend and to achieve the goals as set out in Agenda 2030." p. 2

"The EU and its Member States reaffirm their commitment to fully and effectively implement the ICPD programme of action, the Beijing Platform for Action and the outcome of their review conferences and sexual and reproductive health and rights in this context." p. 2

“Therefore, in order to harness this demographic dividend, a particular attention must be devoted to realizing the human rights of children, adolescents and youth, without distinction of any kind, including based on sexual orientation and gender identity, and ensure an enabling environment for them to realize their full potentials in the various phases of this life cycle: adequate nutrition and health services, including sexual and reproductive health care services, information and counselling on modern contraception and HIV prevention, quality education, including comprehensive sexuality education and protection from all forms of violence and harmful practices, birth registration and decent work, Young people need to be meaningfully engaged in policy making on matters that affect them.” p. 3

Poland, April 2017, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2017/country/AgendaItem3/poland_en.pdf

“The Constitution of the Republic of Poland ensures special protection by the State over pregnant women. Reproductive health is a crucial element of the State health policy.” p. 3

2016

USA, April 2016, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2016/country/Agenda%20item%204/USA_EN_Item4.pdf

“To ensure no one is left behind, we must continue to focus our efforts where they will have the greatest impact – tackling issues like women’s and girls’ empowerment, investing in girls’ education, advancing sexual and reproductive health and rights, and providing resources for survivors of gender-based violence across the life course.” p. 2

“Along with opportunities for education and employment, adolescent need access to education and healthcare, including access to comprehensive sexuality education and youth-friendly health services, so they can make informed and responsible decisions about their health that meet their unique needs.” p. 2

“We hope the SDG indicator framework will include access to sexual and reproductive health services.” p. 2

EU, April 2016, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2016/country/Agenda%20item%204/Netherlands_OBO_EU_EN_Item4.pdf

“We must ensure a swift implementation of the 2030 Agenda, in particular on maternal health and universal access to sexual and reproductive health. To accelerate progress towards our common goals, we should also focus on young people’s rights and needs, including making sure

they have full and affordable access to quality, integrated and affordable comprehensive sexual and reproductive health information, services and supplies, including modern methods of contraception, comprehensive sexuality education and be able to decide on matters related to their sexuality free of coercion, discrimination and violence.” p. 3

“We remain committed to the promotion, protection and fulfillment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences and remain committed to sexual and reproductive health and rights in this context.” p. 4

Poland, April 2016, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2016/country/Agenda%20item%204/Poland_EN_Item4.pdf

“The Constitution of the Republic of Poland ensures special protection by the State over pregnant women. Reproductive health is a crucial element of the State health policy. Central and local government administration bodies provide citizens with a free access to methods and means of conscious procreation.” p. 4

G77 including China, April 2016, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2016/country/Agenda%20item%204/Thailand_OBO_G77_China_EN_Item4.pdf

“We wish to stress that the implementation of the ICPD Programme of Action remains critical for the achievement of the Sustainable Development Goals, in particular with regard to ensuring universal access to sexual and reproductive health and reproductive rights in accordance with the ICPD Programme of Action.” p. 2

Gulf Cooperation Council, April 2016, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2016/country/AfterClosing/Qatar_EN.pdf

“In this regard, we reaffirm one of the most important principles of the program of work of the International Conference on Population and Development, which is the sovereign right of states in implementing their national programs according to their national laws, with full respect to different religious, ethical, and cultural backgrounds of peoples.” p. 1

“We regret to see this document missing basic elements that have been always agreed upon such as the phrase “in accordance with the International Conference on Population and Development and its annexes”, which contain the reservations of participating states at that time.” p. 1

“In the light of the above-mentioned, we would like to refer particularly to the phrases “early marriage” and “sexual and reproductive rights”. In discussing these subjects, we reaffirm the importance of taking into consideration the national, regional, historical, cultural and religious backgrounds of state.” p. 1

2015

USA, April 2015, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2015/country/Agenda%20item%204/United-States_Item4.pdf

“We know that economic growth and prosperity, peace and security, and sustainable development are all advanced when human rights, particularly those of women and girls, are respected, protected, and promoted. They are advanced when we elevate the status of women and girls worldwide. This is why President Obama has placed women, girls, and gender equality at the heart of his global health agenda and has shown strong support for sexual and reproductive health, including voluntary family planning, and reproductive rights.” p. 1

“We continue to focus on the prevention and response to gender-based violence, advancing women’s economic empowerment, promoting women’s public and private leadership, and improving universal access to sexual and reproductive health services and promoting women’s reproductive rights.” p. 2

Sweden, April 2015, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2015/country/Agenda%20item%204/Sweden_Item4.pdf

“Sweden’s firm support for universal access to education and health, including sexual and reproductive health education and services, is part of our success story. Another is our determined and sustained efforts to bolster gender equality and women’s rights and possibilities. This includes her right to decide freely the number and spacing of one’s children and to participate in the labor market and to contribute to society on the same terms as men. Sweden has also taken important steps towards equal responsibility of men and women in the household and in caring for children. We now have a feminist government, and a feminist foreign and development policy.” p. 1

“It is crucial to offer girls comprehensive sexuality education, youth friendly services and contraceptives so that they stay in school as long as boys. Women and girls should also have the right and access to legal and safe abortions. Making abortion illegal does not reduce the number of abortions, it only drives it underground.” p. 2

Poland, April 2015, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2015/country/Agenda%20item%204/Poland_Item4.pdf

“The reproductive health is an important part of the State health policy. Central government authorities as well as local authorities provide citizens with a free access to methods and means of conscious procreation. Currently, in Poland there are modern contraceptives registered and accessible medical and medicinal products as well as drugs used during pregnancy and necessary for the fetus care or medical care for woman during pregnancy, and also used for the purpose of conscious procreation.” p. 4

“The school teaching programmes include a subject called Education for family life.” p. 4

Nigeria, April 2015, available from:

https://www.un.org/en/development/desa/population/pdf/commission/2015/country/Agenda%20item%204/Nigeria_Item4.pdf

“Nigeria is of the view that this session of the CPD should rightly address population and development in an integrated fashion, rather than isolating subjective matters like the so-called sexual and reproductive health and rights, fertility, sexuality and other issues on which there is no consensus.” p. 2

“Maternal health, life saving commodities, mental health, and other critical health needs of populations should be given more prominence in future sessions of the CPD, and less mention should be made of issues which have not reached global consensus, such as sexuality issues.” p.

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